MARYLAND STATE DEPARTMENT OF HEALTH

09938

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 1yr. 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3605 Brehms Lane

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Allen.
4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1/17/1876
9. AGE last birthday: 74 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY ·
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Allen
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS: Hospital Records -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — ~~24~~

4/20.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarction — 2½ mo.

Tdar (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE: George H. Longley (Degree or title) M.D. ADDRESS: Spring Grove State Hosp. DATE SIGNED: 10/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/18/50 | NAME OF CEMETERY OR CREMATORY: Mapleland Park | LOCATION (City, town, or county) (State): Parkville Md.

DATE REC'D BY LOCAL REG. 10/17/50 | REGISTRAR'S SIGNATURE: A W Fedrich JCL | 24. FUNERAL DIRECTOR: W. Cook Inc. | ADDRESS: 1217 St. Paul St.

CERTIFICATE OF DEATH

Registered No. 05989 38

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie M Amrein

2. DATE OF DEATH: Oct 14 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 503 Sussex Road
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 503 Sussex Road Wiltondale
C. Length of stay in Baltimore: Yrs. Life, Mos., Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wiltondale
D. STREET ADDRESS (If rural, give location): 503 Sussex Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widowed	Aug 6 1871	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Justus Eicholtz
14. MOTHER'S MAIDEN NAME: Margaret Springer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Reba Amrein ADDRESS: 503 Sussex Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 Days.

DUE TO

(B) Hypertensive Arterio-Cardio-Renal Disease — 15 yrs

DUE TO

(C) Diabetes — 20 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

260X 61 II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1948 *to* Oct 14, 1950, *that I last saw the deceased alive on* Oct 14, 1950, *and that death occurred at* 12 30 p m., *from the causes and on the date stated above.*

23A. SIGNATURE: Charles F O'Donnell M. D.
23B. ADDRESS: 7501 York Rd
23C. DATE SIGNED: 10/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 17 1950
24C. NAME OF CEMETERY OR CREMATORY: St Johns Luth Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore County Md

DATE RECEIVED BY LOCAL REGISTRAR: 10-17-50
REGISTRAR'S SIGNATURE: L
25. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7201 Belair Rd

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09940

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Northship Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7 Northship Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDWARD (Last) ASKEW

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug. 26, 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Penal

11. BIRTHPLACE (State or foreign country): Wilmington, Del.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Askew

14. MOTHER'S MAIDEN NAME: Kate Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Matilda S. Askew (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X Immediate cause (a) Carcinoma of the head of the Pancreas, with metastases to liver — Interval between onset and death: 3 months.

46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 31 July 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma in head of pancreas & metastases to liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to 6 Oct., 1950, that I last saw the deceased alive on 6 Oct, 1950, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B.W. Sollod M.D. 2900 Dunsan Road, Dundalk, Md 9 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/10/1950

NAME OF CEMETERY OR CREMATORY: Baltimore

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: Oct 9-1950

REGISTRAR'S SIGNATURE: William M. Kelly Jr

24. FUNERAL DIRECTOR: Walter Brooks Bradley

ADDRESS: Dundalk, Md.

60297

RECEIVED
OCT 10 1950
BUREAU V. S

09941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 110 S. Carrollton Ave.

3. NAME OF DECEASED (Type or Print): (First) OTTO (Middle) (Last) BADEWITZ

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-8-1878

9. AGE last birthday: 71 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator

10b. KIND OF BUSINESS OR INDUSTRY: Lion Bros. Co. (Embroideries)

11. BIRTHPLACE (State or foreign country): Newark, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pete Badewitz

14. MOTHER'S MAIDEN NAME: Louise (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): S.A.

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444x **Immediate cause** (a) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1950, to 10/15, 1950, that I last saw the deceased alive on [illegible], 1950, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE Paul S. Gotses (Degree or title) ADDRESS VAH, Ft.Howard, Md. DATE SIGNED

PAUL S. GOTSES, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/18/50 | NAME OF CEMETERY OR CREMATORY: New Balto Natl Cem | LOCATION (City, town, or county) (State): 5301 Frederick Ave

DATE REC'D BY LOCAL REG. 10-16-50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John Cowan & Son. ADDRESS: 901 Hollins St. Baltimore, Md.

4906

MARYLAND STATE DEPARTMENT OF HEALTH 09942

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 10 years about
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 W. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (Rural give location) 1623 Retreat St.

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) (Last) Bagwell
4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1950

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 22, 1885 | 9. AGE last birthday 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Gordon Work
11. BIRTHPLACE (State or foreign country) Accomac Co. Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George Bagwell
14. MOTHER'S MAIDEN NAME Susan E. Hatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lillian Bagwell 1623 Retreat St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Heart disease, vascular, with coronary occlusion	Sudden 10/3/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	Unknown
(c)		

420.1
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D. DME. ADDRESS Towson Md DATE SIGNED 10/3/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-7-1950 | NAME OF CEMETERY OR CREMATORY Arbutus Memorial | LOCATION (City, town, or county) Arbutus | (State) Md.

DATE REC'D BY LOCAL REG. 10/6/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 3224 Sherwood

JT

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

09943

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 12; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1/2 W. Preston St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BENJAMIN F.		BAKER	10	8	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	7/9/90	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Street Construction	Warrenton, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Baker	Mary Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW- I	Unknown	Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage, left frontal	5 Days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 108	(b) History of hypertension, Cardiac hypertrophy and Dilatation	3 Yrs. plus
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia rt. lower lobe, and left lower lobe, duration unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from 9/26, 1950, to 10/8, 1950, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 6:00 Pm., from the causes and on the date stated above.

SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Irving Freeman IRVING FREEMAN, M.D. Act. Chief Med. Service	VAH, Ft. Howard, Md.	10-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/12/50	Baltimore National Cemetary	Baltimore Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/10/50	R.D. Hedrick DM	Charles R. Law	802 Madison Ave. Balto.Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

09944

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Howard
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 235 N.Gay St. Balto.Md.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Ball, Jr.

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10-28-75

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Order & Mdse. Man

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Ball

14. MOTHER'S MAIDEN NAME: Josephine Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I.

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X
51b

Immediate cause (a) Carcinoma of Prostate — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perforation of bladder with retro-sigmoid abscesses — 3 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 9-2, 19 50, to 10-3, 19 50, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 6:40 P m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) IRVING FREEMAN, M.D. ADDRESS Act. Chief Med. Ser. VAH, Ft. Howard, Md. DATE SIGNED 10-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 6, 1950 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/5/50 | REGISTRAR'S SIGNATURE A.W. Kadlick

24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS Howard Blight, Funeral Home, 6009 Harford Rd. Balto., Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH

09945

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Gordon + Edward Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN; STREET ADDRESS (If rural, give location) Gordon + Edward Ave.

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) AIREY (Last) BAUMENAUER

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 1/9/1895

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Union Wall paper Co.

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis BAUMENAUER

14. MOTHER'S MAIDEN NAME: Molly HENDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 215-10-3696

17. INFORMANT: Sophia Baumenauer Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Posterior Coronary occlusion — Interval Between Onset and Death: 4 weeks

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1950, to 10/22, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 10.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel P. Alagia M.D. ADDRESS 326 Frederick Rd DATE SIGNED 10/24/50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE 10/24/50 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Frederick Rd. (State)

DATE REC'D BY LOCAL REG. 10/24/50 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR Frank H. Powell ADDRESS Pikesville, Md.

DR

4206

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09946

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. X-X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 203 E. Fayette Street ✓

3. NAME OF DECEASED (Type or Print): (First) LEO (Middle) (NMI) (Last) BAYER

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-27-88

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy Man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Bayer

14. MOTHER'S MAIDEN NAME: Mary Miskch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) THROMBOSIS OF PORTAL VEIN	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CIRRHOSIS OF LIVER	UNKNOWN
	(c)	

581.0
121.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1950, to Oct. 25, 1950, [redacted] and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clyde B. Case M.D. ADDRESS: DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 10/26/50
NAME OF CEMETERY OR CREMATORY: Grant Funeral Home
LOCATION (City, town, or county): Pittsburg (State): Pa

DATE REC'D BY LOCAL REG.: 10-26-50
REGISTRAR'S SIGNATURE: Lwk
24. FUNERAL DIRECTOR: Howard Blight Funeral Home ADDRESS: 6009 Harford Road, Baltimore, Maryland
Mildred H. Blight

09947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3742 Patterson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3742 Patterson Ave.

3. NAME OF DECEASED (Type or Print): (First) IRVING (Middle) HAMILTON (Last) BAYLY

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2/4/1895

9. AGE last birthday: 55 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Can Mfg.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hamilton Bayly

14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World #1

16. SOCIAL SECURITY No.: 216-05-1725

17. INFORMANT AND ADDRESS: Mrs. Ruth Bayly - 3742 Patterson Ave. Lochearn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X Immediate cause (a) Cerebral Embolism — Interval Between Onset and Death: 24 hr.

838 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) with severe hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Oct 2, 1950, that I last saw the deceased alive on Oct 1, 1950, and that death occurred at 6 ESP m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Holenick M.D. ADDRESS 4710 Liberty Hts DATE SIGNED 10/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10/5/50 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 10-4-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Sidone & Son — ADDRESS: Balto Md

35630

09948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last): Imogene Aspril Beacham

4. DATE OF DEATH (Month) (Day) (Year): October 17 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 28, 1854

9. AGE last birthday: 96 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: David T. Aspril

14. MOTHER'S MAIDEN NAME: Mary A. Jefferson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Presbyterian Home
Mrs. Twilah E. Elliott - Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Decompensation — 6 weeks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis & Hypertension — unk.
(c)

449 X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to Oct 14, 1950, that I last saw the deceased alive on Oct 14, 1950, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John L. Green Jr M.D.

ADDRESS: Allegheny Ave., Towson, Md.

DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: 10/20/50

NAME OF CEMETERY OR CREMATORY: Old Drawyers

LOCATION (City, town, or county) (State): Odessa, Del.

DATE REC'D BY LOCAL REG.: 10/19/50

REGISTRAR'S SIGNATURE: A W. Redmiles

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.

ADDRESS: 1900 Eutaw Place

JT

Mahlon B. Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH 09949

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 402 Colfax Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
STREET ADDRESS (If rural, give location) 402 Colfax Way

3. NAME OF DECEASED (Type or Print): (First) VERA (Middle) MAE T. (Last) BLAND

4. DATE OF DEATH: (Month) October (Day) 31, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 10, 1929

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Taylor

14. MOTHER'S MAIDEN NAME: Mary Dare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Deloris Robinson, Sister.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

981X **Immediate cause** (a) Multiple gunshot wounds of face and neck

166 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) (COUNTY) (STATE) 402 Colfax Way, Turner Station, Baltimore Co.

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 31, 1950 3:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Russell S Fisher M.D. 700 Fleet Street 11-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov. 4, 1950 — NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery — LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 11/1/50 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave

MARYLAND STATE DEPARTMENT OF HEALTH

09950

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armagost Nursing Home 812 Regester Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 812 Regester Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Corinne	Blandin	Oct.	12	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	about 1858	92 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dr. Andrew V. Cherbonier
14. MOTHER'S MAIDEN NAME: Fannie Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John J. Blandin Akron, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Decompensation	6 weeks
443X Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis & Hypertension	unk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 7, 19 50, to Oct 11, 19 50, that I last saw the deceased alive on Oct 11, 19 50, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John L. Greene Jr. M.D.		Lansdowne-4 Md	10/12/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/13/50	Rev. Naval Academy Cemetery	Annapolis Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/12/50	A.W. Hedrick	H.C. Meares and Son	205 N. Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09951

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; LENGTH OF STAY (In this place) 16 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Hazel Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; STREET ADDRESS (If rural give location) 211 Hazel Ave

3. NAME OF DECEASED (Type or Print): (First) Freda (Middle) Louise (Last) Boecker

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 25, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Herman Henker

14. MOTHER'S MAIDEN NAME: Minna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT: Charles W. Boecker 211 Hazel Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 days

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension Cardiovascular disease ?

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1950, to Oct 12, 1950, that I last saw the deceased alive on Oct 11, 1950, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Le Roy Kieffer MD 1770 Wash Blvd Balto Oct. 12 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10-16-50

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. OCT 17 50

REGISTRAR'S SIGNATURE: Le Roy Kieffer

24. FUNERAL DIRECTOR: George L. Schwab ADDRESS: 2101 Frederick Ave.

RECEIVED
OCT 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09952

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2734 glendale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2734 Glendale Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) L. (Last) Boden

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 8 - 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motion Picture Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Boden

14. MOTHER'S MAIDEN NAME: Antoinine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Mable Boden, 2734 glendale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 hrs.

420.1 9th a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 19 50, to October 30, 19 50, that I last saw the deceased alive on October 29, 19 50, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE: Albert C Herrmann (Degree or title) M.D. ADDRESS: 6804 Old Harford Rd. DATE SIGNED: 10-30-50.

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 11/2/50 — NAME OF CEMETERY OR CREMATORY: Maryland Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 10/31/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: L. J. Ruck — ADDRESS: 5305 Harford Rd.

JT

48 9V

Dr. Hermann
650 Old Hanford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09953

CERTIFICATE OF DEATH

Reg. Dist. No. 435

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 718 N. Howard st.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A. (Last) Bond

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: April 10 1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Bond

14. MOTHER'S MAIDEN NAME: Catherine Taverny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

002X

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1950, to 10-25, 1950, that I last saw the deceased alive on 10-25, 1950, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): K A Bridges, M.D. — ADDRESS: Eudowood Sanatorium, Towson 4, Md. — DATE SIGNED: 10-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct 28/1950 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG.: 10-26-50 — REGISTRAR'S SIGNATURE: L

24. FUNERAL DIRECTOR: Mamie C. Syfer — ADDRESS: 1600 W. Fairmount 21201

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09954

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Falls. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bradshaw Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Falls
STREET ADDRESS (If rural give location) Bradshaw Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Moses	W	Boone	10	19	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Black.	Married	1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	Farm helper	Maryland	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Brown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Ida V. Boone

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Chronic Myocarditis. — 10 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d (b) Senility
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	~~19b.~~ MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M B Davis MD	Dept. Med. Exam.	Dundalk Rd Md	10/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-23-50	Asbury Cem	Loreley, Balto. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 21-1950	R.W.	Wm H Frances A. Hensley & Bisbee	578

VS. A15A

8660

MARYLAND STATE DEPARTMENT OF HEALTH

09955

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY in this place: 530 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Maryland
STREET ADDRESS (If rural, give location): 55 Spa[illegible] Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEON	O.	BOOTH	October	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	9-21-19	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	U.S. Eng. (Navy) North Severn	Annapolis, Maryland	USA

13. FATHER'S NAME: Herbert Booth

14. MOTHER'S MAIDEN NAME: Amanda Ayres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW II	None	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PERFORATION BRONCHIAL STUMP, RIGHT.	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PNEUMONECTOMY, RIGHT	3½ weeks
	(c) TUBERCULOSIS, FAR ADVANCED WITH CAVITATION, RIGHT	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Pulm. - C.D. report)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-4-49 - THORACOPLASTY, RIGHT - 9-29-50 - PNEUMONECTOMY, RIGHT		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 12, 1949, to Oct. 24, 1950, [illegible] and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE: R. J. Lipin M.D. (Degree or title) ADDRESS: R. J. LIPIN, M. D., ACTING CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED: 10-24-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-27-50	Brewer Hill Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 27, 1950	Dawson L. Barber M.D. per N.S.	Wm. Reese Mortuary	108 Washington St. Annapolis, Maryland

7898

RECEIVED
OCT 31
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09956

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevco Park
STREET ADDRESS (If rural, give location) 521 Potapsco Ave.

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) G (Last) Bosch.
4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	July 5 - 1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Phila. Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Bosch
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Agnes Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	12 hours
Antecedent cause(s)	(b) Arteriosclerotic heart disease	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Coronary arteriosclerosis	?

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 19 50, to Oct. 26, 19 50, that I last saw the deceased alive on Oct. 26, 19 50, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Harvey L. Fuller MD | | Rolfe Rd. Baltimore 6 Md | 10/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct. 30-1950 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) (State) Berman Hill Rd. Md.

DATE REC'D BY LOCAL REG. 10/27/50 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR John J. Connelly | ADDRESS Essex 21, Md.

Dm

98999

MARYLAND STATE DEPARTMENT OF HEALTH

09957

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2100 Park Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 5409 Windsor Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) E (Last) BOULDEN

4. DATE OF DEATH: (Month) Oct. (Day) 26, (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 28, 1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Boulden

14. MOTHER'S MAIDEN NAME: Annie Cleaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs. Margaret Boulden 2100 Park Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

145X **Immediate cause** (a) Respiratory failure — 6 months

45f **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of tonsil

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 50, to 10/26, 19 50, that I last saw the deceased alive on 10/21, 19 50, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE James J McKan (Degree or title) ADDRESS 5804 Edmondson Ave. Baltimore 28 Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/30/50 | NAME OF CEMETERY OR CREMATORY: Lorraine Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 10/30/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons One North Pa Ave

VS. A15

322 W

MARYLAND STATE DEPARTMENT OF HEALTH 09958

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg House

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville Baltimore
STREET ADDRESS (If rural, give location) 3532 Ellerslie

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) (Last) BRANDT

4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1950

5. SEX: F. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 3 1882 — 9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): BALTO Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Hemmeter
14. MOTHER'S MAIDEN NAME: Barbara Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho - pneumonia	2 days
	(c) Hypertensive Heart Disease	5 yrs. ?

443 X
938

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Oct. 18, 1950, that I last saw the deceased alive on 10/17, 1950, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Earl L. Chambers M.D. — 4108 Liberty Hts. — Baltimore 7 - Md.

BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) — (State)
Burial — Oct 21 50 — Druid Ridge — Balto — Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 21. FUNERAL DIRECTOR — ADDRESS
10/20/50 — A.W. Hedrick — Paul A Dellmann — 6067 Harf. Rd

VS. A15

JT

Information re former residence received by phone from the Augsburg Home.
1-26-51 - ams

09959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. K4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; MARYLAND; LENGTH OF STAY (in this place) 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorch.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) 402 Trenton Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (NMI) (Last) BRINSFIELD

4. DATE OF DEATH: (Month) October (Day) 20, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-29-87

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing House

10b. KIND OF BUSINESS OR INDUSTRY: Vegetable Canning Co.

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Billie Brinsfield

14. MOTHER'S MAIDEN NAME: Mary White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-07-8190

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) PYONEPHROSIS — Interval Between Onset and Death: 3 months

51b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept. 21, 1950, to Oct. 20, 1950, [redacted] and that death occurred at 7:35 A.m., from the causes and on the date stated above.

SIGNATURE Harold Gabel (Degree or title) M.D. ADDRESS VAH Fort Howard, Md. DATE SIGNED 10-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-23-50

NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. October 21st, 1950

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR: Lecompte Funeral Home ADDRESS: High Street Cambridge, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09960

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 Winters Lane
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 62 Winters Lane

3. NAME OF DECEASED (Type or Print) (First) Maxine (Middle) (Last) Briscoe

4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH about 1908

9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY Government

11. BIRTHPLACE (State or foreign country) New Jersey

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John A. Briscoe

14. MOTHER'S MAIDEN NAME Mamie Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT John A. Briscoe 62 Winters Lane.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X Immediate cause (a) Ileo-colitis + A. Gastro-Enteritis-Diarrhea — Interval Between Onset and Death: 10 mo-13 P.

48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Uterus + Adenexa

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5-, 1949, to 10-18-, 1950, that I last saw the deceased alive on 10-18-, 1950, and that death occurred at 4.45 A m., from the causes and on the date stated above.

SIGNATURE C. F. Maloney (Degree or title) MD ADDRESS 57 Winters Lane - Balto - 28 Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10-21-50 NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. October 21 1950 REGISTRAR'S SIGNATURE R. W.

FUNERAL DIRECTOR Mr. Francis A. Hensley ADDRESS 573 W. Biddle St

26677

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09961

FILM No. G 129 NOV 2 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 236 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 1101 W. Lanvale Street

3. NAME OF DECEASED (Type or Print): (First) SHERMAN (Middle) R. (Last) BRISCOE

4. DATE OF DEATH: (Month) October (Day) 28, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-17-01

9. AGE last birthday: 51 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Briscoe

14. MOTHER'S MAIDEN NAME: Lottie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 220-01-2767

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Carcinoma of Left Upper Lobe Bronchus — Interval Between Onset and Death: 10 mos.+

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 47c

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1950, to Oct. 28, 1950, that I last saw the deceased on and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE: Lawrence J. Knot (Degree or title): MD ADDRESS: VAH Fort Howard, Md. DATE SIGNED: 10-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-1-50 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10/31/50 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: Eugene Waters Funeral Home — ADDRESS: 661 W. Barre St. Baltimore, Md.

JT

74099

MARYLAND STATE DEPARTMENT OF HEALTH

09962

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Irving. Mills | LENGTH OF STAY (In this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 315 Salvador Balto. Md.

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) MARY VA (Last) BROWN
4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1950.
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 23, 1921
9. AGE last birthday: 29 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none.
10b. KIND OF BUSINESS OR INDUSTRY: none.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cecil E. Brown
14. MOTHER'S MAIDEN NAME: Gertrude M. Brehm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: Rosewood School record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mentally Defective Epileptic — Interval Between Onset and Death: 14 yrs.

353.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

85 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none.
19b. MAJOR FINDINGS OF OPERATION: none.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none. (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY: none. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title): Dep. Med. Exam. M.D. ADDRESS: Reisterstown Md. DATE SIGNED: 10-23-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/26/50 | NAME OF CEMETERY OR CREMATORY: Woodland Mem. Pk. | LOCATION (City, town, or county) (State): Taylor Ave. Parkville Md.

DATE REC'D BY LOCAL REG.: 10/24/50 | REGISTRAR'S SIGNATURE: A.W. Kedrick | 24. FUNERAL DIRECTOR: John J. Cowan & Son ADDRESS: 9 Rolling St.

Joseph Cowan and Son

901 Hollins Str

Tel Bridge 4131

Evidence added on cause of death shown on: 2

FWM No G 1 28 NOV 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09963

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay | LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 102 S. Gilmore

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marion	Louise	Brown	Oct.	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	S	Apr. 13. 1873	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Brown	Anna Galbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	none	Mrs Emma Hamilton 2562 W. Fairmount Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intertrochanteric Fracture of Femur (left) — 57 Days

903.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

186a (b) Bronchopneumonia both Lung bases — 3 Days

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterio-sclerosis with cerebral arterio-sclerosis — Several yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓	Home	Balto.	—	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
Aug. 25 1950 (approx.) m.		Fell in bedroom. (11-1-50 -ams)

22. I hereby certify that I attended the deceased from Aug 31, 19 50, to Oct 22, 19 50, that I last saw the deceased alive on Oct. 22, 19 50, and that death occurred at 1:35 a.m., 10/23/50 from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lewis P. Tendy M.D.	Katy 27, Md.	10/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 25/50.	Loudon Pk.	3801 Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/24/50	H.W. Reburd	Harry H. Leitz Jr.	4101 Edmondson Ave.

Dup

M

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

09964

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Birdsville
STREET ADDRESS (If rural, give location): Harwood P. O.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W. (Last) BURGESS
4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1-6-90
9. AGE last birthday: 60 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Drury, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reynold Burgess
14. MOTHER'S MAIDEN NAME: Susan Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X
Immediate cause (a) CARCINOMA OF BLADDER — Interval Between Onset and Death: 1½ yrs. plus

52 b
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pyonephrosis — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.26, 1950, to Oct. 29, 1950, ~~that I last saw the deceased~~ alive on ~~XXXXXXXXXXXXXXXXXX~~, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE: M. N. Jensen M.D. (Degree or title)
ADDRESS: VAH Fort Howard, Md.
DATE SIGNED: 10-30-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: November 3 50
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REG.: Nov. 2, 1950
REGISTRAR'S SIGNATURE: Dawson L. Farber M.D. per R.F.
24. FUNERAL DIRECTOR: Ben L. Hopping
ADDRESS: 172 West Street Annapolis, Maryland

308 V9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09965

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY 26 (in this place) 10 9
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City - 1926 Fleet St.
STREET ADDRESS (If rural, give location) 1926 Fleet Street

3. NAME OF DECEASED (Type or Print): (First) Nicola (Middle) Dominick (Last) Butro or Butta
4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED OR DIVORCED, (Specify): S
8. DATE OF BIRTH: 1-21-20
9. AGE last birthday: 30-8-14 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate - Rosewood
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Butro
14. MOTHER'S MAIDEN NAME: Giovina Tano
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Institutional records - Rosewood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia, acute

344X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Bronchitis — 1 day

108 (c) Post Encephalitis with degeneration of Pyramidal and Extra Pyramidal Systems-(Diplegic Imbecile) — 2 yrs. 2nd. year of life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1944, to present 10-6-50, that I last saw the deceased alive on 10-5-50, and that death occurred at 5:30 a.m., from the causes and on the date stated above.
SIGNATURE H.G. Butler, M.D. (Degree or title) ADDRESS Owings Mills, Md. DATE SIGNED 10-6-50

H.G. Butler

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 9 1950 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): Belair Rd. Baltimore Md

DATE REC'D BY LOCAL REG. 10/9/50 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Frank Della Noce ADDRESS: 322 S. High St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09966 41

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3037 Liberty Pkwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 3037 Liberty Pkwy.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Calender

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-21-1885

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jessie Stewart

14. MOTHER'S MAIDEN NAME: Mary McGown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. Allie D. Calender 3037 Liberty Pkwy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to 9 Oct., 1950, that I last saw the deceased alive on 5 Oct, 1950, and that death occurred at 6:15P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jno Duval M.D. 2900 Duncan Rd 11 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-13-50

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 10/11/50

REGISTRAR'S SIGNATURE: Wm. Helduck Dm

24. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Baltimore St

09967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Baltimore; MARYLAND; LENGTH OF STAY (in this place) 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2228 Prentiss Pl

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) Patrick (Last) CARRIGAN

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marr.

8. DATE OF BIRTH: 1-27-81

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Camp Holabird

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Carrigan

14. MOTHER'S MAIDEN NAME: Bridget Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Mary E Carrigan 2228 Prentiss Pl. Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory Failure — Interval between onset and death: Several days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver — Interval between onset and death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 19 49, to Oct 8, 19 50, that I last saw the deceased alive on Oct 8, 1950, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE: Albert A Kurlander (Degree or title) MD ADDRESS: Spring Grove State Hospital Catonsville, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF: 10/11/50 | NAME OF CEMETERY OR CREMATORY: Lorraine Cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/11/50 | REGISTRAR'S SIGNATURE: H.W. Kedrick | FUNERAL DIRECTOR & ADDRESS: HENRY SANDER & SONS, INC. BALTIMORE - 13, MD.

34097

MARYLAND STATE DEPARTMENT OF HEALTH 09968

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (In this place): 3-½ Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.adm.Hosp. Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2805 Mayfield Ave.

3. NAME OF DECEASED (Type or Print): (First) TIMOTHY (Middle) J (Last) CLISHAM

4. DATE OF DEATH: (Month) 10/8/50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/29/1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: TIMOTHY J Clisham

14. MOTHER'S MAIDEN NAME: Maryann NM: Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: 126 07 7913

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Arteriosclerosis with myocardial Infarction — Unknown

420.1 9th

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8/, 19 50, to 10/8/, 19 50, that I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXX 19 XXXX and that death occurred at 6:20 P.m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) ADDRESS: VA DATE SIGNED:

PAUL PADGET, M.D. Chief Medical Service, VAH, Ft. Howard, Md. 10-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-12-50	New Cathedral	Baltimore Md.

DATE REC'D BY LOCAL REG.: 10/11/50

REGISTRAR'S SIGNATURE: H.A. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Moran Funeral Home, 3000 E. Baltimore St.

H.A.H.

34809

MARYLAND STATE DEPARTMENT OF HEALTH

09969

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegheny Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anna (Last) Connelly
4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1950

5. SEX: F. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow — 8. DATE OF BIRTH: Aug 7 1876 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Germany — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Brockamer — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Record Allegheny Home Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease — 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Fracture of Rt. arm Oct. 1949.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to Oct. 27, 1950, that I last saw the deceased alive on Oct. 26, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Earl L. Chambers, M.D. — 4108 Liberty Hts. Ave. Balto 7 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct 30, 50 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 10-30-50 — REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR — ADDRESS

H. Paul Heemann 6067 Hayward

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09970

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; LENGTH OF STAY (In this place) 18 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Chapman Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; STREET ADDRESS (If rural, give location) Chapman Road

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Cullum

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 6/6/1860

9. AGE last birthday: 90 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Little York Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Baker

14. MOTHER'S MAIDEN NAME: Barbara Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Catherine M. Greenwalt - Randallstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Diabetic Coma

260 X 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7/, 1950, to 10/4/, 1950, that I last saw the deceased alive on 10/3/, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 10/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10/7/50

NAME OF CEMETERY OR CREMATORY: Mt. Olive

LOCATION (City, town, or county) (State): Randallstown, Md

DATE REC'D BY LOCAL REG. 10/4/50

REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS: Frank H. Newell Pikesville, Maryland

VS. A15

RECEIVED
OCT 17 1950
BUREAU OF S

Evidence for addition of #21 shonw on:
FILM No. G 128 OCT 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

09971

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bonnie View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Kenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Belle (Middle) Estelle (Last) Daiger
4. DATE OF DEATH (Month) Oct. (Day) 4, (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 1-30-1869
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Daiger
14. MOTHER'S MAIDEN NAME: Mary N. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mr. Wm. H. Daiger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Fracture of Neck of Femur (Left)	June 20-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Intertrim Bronchopneumonia	9/30-10/4-50
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: June 22-50
19b. MAJOR FINDINGS OF OPERATION: Fracture of Femur Pin introduced
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Nursing Home (CITY OR TOWN): Catonsville (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): June 20-1950 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Got up to speak to the dog, got dizzy & fell (10-18-1950 akc)

22. I hereby certify that I attended the deceased from 9/25, 1950, to 10/4, 1950, that I last saw the deceased alive on 10/3, 1950, and that death occurred at 6-50 A m., from the causes and on the date stated above.
SIGNATURE (Degree or title): Chas A Reahe MD
ADDRESS: 2145 W Balto. St.
DATE SIGNED: 10/4.50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 10-7-1950
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Fred. Ave. Balto. Md.
DATE REC'D BY LOCAL REG.: 10/6/50
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: John O. Mitchell Sons
ADDRESS: 1900 Eutaw Place

JS1

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 09972 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto Co. 4610 Ridgeway Ave — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto Co — LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4610 Ridgeway Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
STREET ADDRESS (If rural give location): 4610 Ridgeway Ave

3. NAME OF DECEASED (Type or Print): (First) M-Mae (Middle) Thiede (Last) Dietrich

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 10th 1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Cranagen

14. MOTHER'S MAIDEN NAME: Emma —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Cortlandt W Dietrich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X 46p

Immediate cause (a) Carcinomatosis peritonei, generalized — Interval between onset and death: 8 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary bile duct carcinoma — 1 year?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 1950

19b. MAJOR FINDINGS OF OPERATION: as above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1944, to Sept 30, 1950, that I last saw the deceased alive on Sept 30, 1950, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE: R L Fuller MD (Degree or title) ADDRESS DATE SIGNED: Oct 2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/4/50 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG: Oct. 2-1950 — REGISTRAR'S SIGNATURE: Mrs. C. L. Reifsnider

24. FUNERAL DIRECTOR — ADDRESS: Lanahan Funeral Home 7401 Belair Rd Balto 6 Md

RECEIVED
OCT 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09973

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgewood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural give location) 2609 Kentucky Rd

3. NAME OF DECEASED (Type or Print): (First) Mario (Middle) Lei (Last) Pinto
4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Dec 9 95	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laying Pipe	Construction Co	Molletta Italy	

13. FATHER'S NAME Bernadino Lei Pinto
14. MOTHER'S MAIDEN NAME Isabella Cafaleschio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ben Lei Pinto 2609 Kentucky Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.5 **Immediate cause** (a) Fractured neck

186 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed body & chest & back

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street
(CITY OR TOWN) Woodlawn (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) Oct (Day) 30 (Year) 50 (Hour) 3P m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Side of ditch fell in working in ditch putting in sewer. body

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lee M. Kieffer M.D. Coroner Balto Co 1010 Leadenhall Oct 30 50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Nov. 3rd 50 NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem LOCATION (City, town, or county) (State) 4430 Belair Rd

DATE REC'D BY LOCAL REG. 11/2/50 REGISTRAR'S SIGNATURE A. W. Heinsch

24. FUNERAL DIRECTOR Evans Della Vue ADDRESS 322 S High St

JT

4964

Lyt Wells
3 - 17th
Penfold

#8 & 9. Evidence is shown on Film G128 10/30/50 jst
Affidavit & Army Discharge.

FILM No. G 12 NOV 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

69974

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, LENGTH OF STAY (in this place) 617 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 300 S. Stricker Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) F. (Last) DOBEY, JR.

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-15-96 1886

9. AGE last birthday: 64 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Edgefield, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Dobey

14. MOTHER'S MAIDEN NAME: Sue Berkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL INFARCTION	1 week +
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY ARTERIOSCLEROSIS WITH THROMBOSIS	Unknown
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Oct. 3, 1950, to Oct. 19, 1950, [redacted] and that death occurred at 9:55 P. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 10-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10/23/50 | NAME OF CEMETERY OR CREMATORY: National Cemtery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. October 21st 1950 | REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR: Howard Blight Funeral Home ADDRESS: 6009 Harford Rd. Baltimore 14, Maryland

3369 Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09975

CERTIFICATE OF DEATH

Reg. Dist. No. 3F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 W. Chesapeake Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 113 Burke Avenue

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Nolan (Last) Duvall

4. DATE OF DEATH: (Month) October (Day) 25, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 22, 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas A. Nolan

14. MOTHER'S MAIDEN NAME: Georgiana Nicols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary Perry, 113 Burke Avenue, Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency - Congestive Arterio Sclerosis — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — unknown

450.0 92b (c) Chronic Mitral Endocarditis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Oct 25, 1950, that I last saw the deceased alive on Oct 23 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: C. B. Ensor (Degree or title) M.D. ADDRESS: 7201 York Rd. Balto 12 Md DATE SIGNED: 10-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/28/50 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 10/26/50 — REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Cook, Inc — ADDRESS: 1217 St. Paul Street

Drs

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09976

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Towson,~~ Baltimore
STREET ADDRESS (If rural, give location) ~~Presbyterian Home~~ 1870 N. Fulton St

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) M. (Last) Duvall

4. DATE OF DEATH (Month) Oct. (Day) 12, (Year) 19 50

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Aug. 16, 1867

9. AGE last birthday 83 yrs.

If under 1 year Months / Days

If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John J. Miller

14. MOTHER'S MAIDEN NAME Margaret Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. T. Elliott Presbyterian Home Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 hour

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension — Mult.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1950, to Oct 10, 1950, that I last saw the deceased alive on Oct 10, 1950, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John L. Green Jr. M.D. Towson 4, Md. 10/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/14/50

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REG. Oct 14 1950

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR John O. Mitchell Sons

ADDRESS 1900 Eutaw Place

CERTIFICATE OF DEATH

Registered No. 39 09977

BIRTH NO. Balto. Co.

1. NAME OF DECEASED (Type or Print): John William Eavey

2. DATE OF DEATH: Oct. 2, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Catonsville Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South W. Corner Paradise & Allamanda

c. Length of stay in Baltimore: 15 Yrs. — Mos. — Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville Md.
D. STREET ADDRESS (If rural, give location): 305 Salisbury Ave. Sparrows Point

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W.	Widowed	Oct. 14, 1878	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Watchman for Industry	Franklin Co., Pa.	U.S.A.

13. FATHER'S NAME: Samuel Eavey

14. MOTHER'S MAIDEN NAME: Nancy Roberson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. May Eavey, Sparrows Point Md. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

DUE TO

(B) Arterio sclerosis, generalized — Unknown

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

420.1 X 517

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma, prostate (Removed) — Unknown

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1950	Carcinoma, prostate	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 26, 1950, *to* Oct 2, 1950, *that I last saw the deceased alive on* Oct 2, 1950 *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Stephen Lee Magness M. D.	908 Frederick Rd	10-2-50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, Town, or county) (State)
Burial	Oct. 5 1950	Green Hill	Waynesboro, Franklin Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10-3-50	W. E. Harry	Walter G. Grove	Waynesboro Pa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09978

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 17 Fusting Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) STONE (Last) ELLICOTT

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/29/1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Pharmaceuticals

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Carroll Ellicott

14. MOTHER'S MAIDEN NAME: Isabell Eugenia Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 709 Walnut Ave., Hazel Ellicott Morgan, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Auricular Fibrillation	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular-Renal disease	6 mo.?
	(c) Carcinoma of prostate	6 mo.?

177 x 510

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.19, 1950, to 10.29, 1950, that I last saw the deceased alive on 10.29, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Geo. Ellicott (Degree or title) M.D ADDRESS Catonsville 28 Md DATE SIGNED 10.30.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 1, 1950 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Baltimore County, Md.

DATE REC'D BY LOCAL REG. 11-1-50 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville, Md.

21217

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SUPERIOR CT.
DEC 3 1990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09979

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 39 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson; STREET ADDRESS (If rural, give location): 1532 E. Joppa Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
FREDERICK	L.	EMGE	October 27 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Divorced	12-28-77	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm owner	Towson, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Emge	Martha (MN Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes SAW	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	ARTERIOSCLEROTIC HEART DISEASE	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept.18, 1950, to Oct.27, 1950, ~~that I last saw the deceased~~ ~~and that death occurred at~~ 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I the Paul Padget

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 10-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1950	Mt. Moriah Cemetery	Towson, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/30/50	A. W. Tidwell	John Burns' Sons	612 York Road Towson, Maryland

VS.A15

JT

6804 Old Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

09980

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeley Ave + Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) Ridgeley Ave + Joppa Rd - Fullerton

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hoover	F	Ensor	Oct	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov 20 1913	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Machine Tool
11. BIRTHPLACE (State or foreign country): Balto Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Ensor
14. MOTHER'S MAIDEN NAME: Lucy Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-10-1793
17. INFORMANT AND ADDRESS: Mrs Thelma R. Ensor Ridgeley Ave + Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1/2 - 1 Hour

94 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1950, to 10-26, 1950, that I last saw the deceased alive on ——, 19..., and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Albert Herrmann M.D. 6804 Old Harford Rd 10-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/29/50	Bosley M.E. Cemetery	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 28, 1950	A.W. Hedrich Deputy Registrar	L. J. Ruck + Sons	32637 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

09981

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6506 Banbury Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 6506 Banbury Rd.

3. NAME OF DECEASED (Type or Print): (First) Archibald (Middle) R. (Last) Ermer

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-19-1891

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor Retired

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest M. Ermer

14. MOTHER'S MAIDEN NAME: Mabel Adkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes

16. SOCIAL SECURITY NO.: /

17. INFORMANT: Mrs. Clara A. Ermer 6506 Banbury Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 1 day.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1945, to Oct. 9, 1950, that I last saw the deceased alive on Oct. 9, 1950, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel B. Wolfe M.D. ADDRESS 1331 E. North Ave Baltimore DATE SIGNED 10-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-12-50 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 10/11/50 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St.

36006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09982

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6418 Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6418 Windsor Mill Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E. (Last) Evans

4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 21, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Painter & Paper Hanger

11. BIRTHPLACE (State or foreign country): Relay, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B. Evans

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Spanish-American War

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: 6418 Windsor Mill Road, Mrs. Ruth M. Evans, Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal Hemorrhage — 15 minutes

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Stomach

(c)

151X
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Oct 10, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lee J. Yolenick M.D. — ADDRESS: 4710 Liberty Heights Ave. — DATE SIGNED: 10/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/13/50 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 10/12/50 — REGISTRAR'S SIGNATURE: H.W. Kedrick

24. FUNERAL DIRECTOR: J. Hollis Lamoreau — ADDRESS: 4510 Liberty Heights Ave.

21409

MARYLAND STATE DEPARTMENT OF HEALTH

09983

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herierd
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Carmel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herferd
STREET ADDRESS (If rural, give location) Mt. Carmel Road

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Rebecca (Last) Finley

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 15, 1859

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patient in nursing home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Dewey Cassell

14. MOTHER'S MAIDEN NAME: Ester Louise Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: W. Barry Cassell, Brooklandville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to Oct. 15, 1950, that I last saw the deceased alive on Oct. 15, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. France M.D. Carlton Md. 10/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 17. 1950
NAME OF CEMETERY OR CREMATORY: Westminster Cem.
LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG.: 10-16-50
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR / ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
OCT 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09384

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Rural Balto. — LENGTH OF STAY (In this place) Home
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Nursing Home 16 Fusting Ave, Catonsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 27
STREET ADDRESS (If rural, give location) 1915 Woodside Avenue

3. NAME OF DECEASED (Type or Print): (First) AUGUSTA (Middle) (Last) FRANZ

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 27, 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 2, 1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Frank

14. MOTHER'S MAIDEN NAME: Emma Eck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Louis Franz - 1915 Woodside Aven

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arterial Accident — Interval Between Onset and Death: 2 wks.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b) Generalized Arteriosclerosis — Unkn.

(c) Hypertensive Cardiovascular Disease — Unkn.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bradley Daughaday MD — 1264 Francisdale Baltimore 27 — 10-28-50

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: 10/30/50 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/30/50 | REGISTRAR'S SIGNATURE: O. W. Gardner

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, Inc. — ADDRESS: Balto. 13, Md.

JT

MARYLAND STATE DEPARTMENT OF HEALTH

09985

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 4105 Essex Rd. | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Katherine Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 6501 Reisterstown Road
STREET ADDRESS (If rural give location): 4105 Essex Ave., near Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Harris (Last) Fry

4. DATE OF DEATH: (Month) Oct. (Day) 6, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 19, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sommers Point, N.J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Alfred J. Fry, Jr. -6501 Reisterstown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — Immediate cause (a) Cerebral Hemorrhage — 4 days

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1950, to 10/6, 1950, that I last saw the deceased alive on 10/6, 1950, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE James A. Miller (Degree or title) M.D. ADDRESS Pikesville - Md. DATE SIGNED 10/7/50.

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 10 - 9 - 50 — NAME OF CEMETERY OR CREMATORY: Trinity — LOCATION (City, town, or county) Churchville, Md. (State)

DATE REC'D BY LOCAL REG. 10/9/50 — REGISTRAR'S SIGNATURE D. W. Hedrick Dep

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place Baltimore, Md.

Information re Residence obtained from the Robb Nursing Home and from the son (Informant) by phone - 11-9-50 - ams

Evidence for change of date of death shown on Film G128 10/24/50 dm. Doctor's Letter.

09986

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Homberg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 10 Homberg

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J. (Last) Fuhrmaneck

4. DATE OF DEATH: (Month) Oct. (Day) 11th (Year) 19 50

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Sept. 7 1895 — 9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor — 10b. KIND OF BUSINESS OR INDUSTRY: Railroad — 11. BIRTHPLACE (State or foreign country): Baltimore, Md. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Fuhrmaneck — 14. MOTHER'S MAIDEN NAME: Elizabeth Zizz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW I — 16. SOCIAL SECURITY NO. — — 17. INFORMANT: Catherine E. Fuhrmaneck wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X Immediate cause (a) Pulmonary edema — 12 hrs.

470 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of lung with metastasis + T12 + Left Orbit — 1 Yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Sept 1950 — 19b. MAJOR FINDINGS OF OPERATION: Cordotomy — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 50 to Oct 12, 19 50 that I last saw the deceased alive on 11 Oct, 19 50, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles M Kerr MD. 815 Eastern Ave. Essex 13 11th Oct 50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-17-50 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 10-14-50 — REGISTRAR'S SIGNATURE: RW — 24. FUNERAL DIRECTOR ADDRESS: John A. Mohn 3000 E. Baltimore St.

10247

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09987

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 20 yrs. 1mth.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2337 Mondawin Avenue

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) (Last) GANN

4. DATE OF DEATH: (Month) October (Day) 4, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February, 1895

9. AGE last birthday: 55 yrs. If under 1 year: Months. 8 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Maurice Gann

14. MOTHER'S MAIDEN NAME: Ethel Lederman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute left sided heart failure	three days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic left and right sided heart failure	1 month
	(c) Chronic hypertrophy and dilatation of the heart	Unknown

434.3

95C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1950, to Oct 4, 1950, that I last saw the deceased alive on Oct 4, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Florence Dennagen Joyce MD 5.G.S.H. Catonsville Md 10-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 10-9-50

NAME OF CEMETERY OR CREMATORY: United Hebrew

LOCATION (City, town, or county): Balto (State) Md

DATE REC'D BY LOCAL REG. 10-4-50

REGISTRAR'S SIGNATURE: E. Harris

24. FUNERAL DIRECTOR: Jack Lewis Inc

ADDRESS: 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

09988

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Sudbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 202 Sudbrook Ave

3. NAME OF DECEASED (Typo or Print): (First) Dr. F (Middle) Harry (Last) Gardner

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/21/1861

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Jannneytown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Gardner

14. MOTHER'S MAIDEN NAME: Elizabeth Ohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Edna E. Shoemaker 202 Sudbrook Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

450.0
97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from several years 19..., to 10-2, 1950 that I last saw the deceased alive on 10-1-, 1950, and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. C. Nichols MD Pikesville Md 10-3-50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial Oct 4-1950 St. Josephs Jannneytown, Maryland

DATE REC'D BY LOCAL REG. 10-3-50 — REGISTRAR'S SIGNATURE C. C. Nichols — 24. FUNERAL DIRECTOR — ADDRESS

Frank H. Purell Pikesville Md.

V3292

RECEIVED
OCT 5 1950
BUREAU F. S

Evidnece for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09989

CERTIFICATE OF DEATH

FILM No. G 12 DEC 19 1950

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; MARYLAND; LENGTH OF STAY (in this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1930 Madison Avenue

3. NAME OF DECEASED (Type or Print): (First) THOMAS; (Middle) J.; (Last) GERST

4. DATE OF DEATH: (Month) October (Day) 30, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-12-20

9. AGE last birthday: 30 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber Employee

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop

11. BIRTHPLACE (State or foreign country): Cluster Springs, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Gerst

14. MOTHER'S MAIDEN NAME: Letha Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY No. 226-18-8242 Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

343X Immediate cause (a) ENCEPHALOMYELITIS, ETIOLOGY UNDETERMINED — Interval Between Onset and Death: UNKNOWN

80b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Edema & hyperemia of brain & spinal cord; pulmonary edema, cyanosis, cloudy swelling of liver and kidneys) (12-19-50 - ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1950, to Oct. 30, 1950 [illegible] and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE Paul S. Gotses (Degree or title) M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 10-31-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal; DATE THEREOF 11/3/50; NAME OF CEMETERY OR CREMATORY: Owens Grove Bapt.Cemetery; LOCATION (City, town, or county) (State): Cluster Springs, Virginia

DATE REC'D BY LOCAL REG. 11/1/50; REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Avenue, Baltimore, Maryland

20289

MARYLAND STATE DEPARTMENT OF HEALTH

09990

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4P

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 118 S. Caroline Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) GIBSON
4. DATE OF DEATH: (Month) October (Day) 2, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 1888
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bldg.Construction
11. BIRTHPLACE (State or foreign country): Caroline Co., Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Gibson
14. MOTHER'S MAIDEN NAME: Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163 X — Immediate cause (a) Carcinoma of right lung (undifferentated) — Unknown

472 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14-, 1950, to 10-2-, 19.50., that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 2:15 A.a.m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) — ADDRESS — DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service — VAH, Ft. Howard, Md. — 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/5/50 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/5/50 — REGISTRAR'S SIGNATURE: a. W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law, 802 Madison Ave., Balto., Md.

JT

9809

MARYLAND STATE DEPARTMENT OF HEALTH

09991

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS 8205 Pulaski Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) M. (Last) Gorney

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 30-97

9. AGE last birthday: 53 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer

10b. KIND OF BUSINESS OR INDUSTRY: Fisher Body

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Gorney

14. MOTHER'S MAIDEN NAME: Suzanne /

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Elizabeth Meyers daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — | INTERVAL BETWEEN ONSET AND DEATH: 5 min.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

W W Sears MD Dep. Med. Exam. Dundalk-Rd Md. 10/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 10-17-50 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 10-16-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Lilly & Zeller | ADDRESS 403 S. Wolfe Street

42039

MARYLAND STATE DEPARTMENT OF HEALTH

09992

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 406 Alabama Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 406 Alabama Rd.

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) BURLIN (Last) GRAFTON

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Apr. 6, 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Grafton

14. MOTHER'S MAIDEN NAME: Sophia Osbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Ruth Hall 406 Alabama Rd. Towson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 30 min

260X Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Renal Disease — 10 yrs

(c) Diabetes Mellatus — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1946, to Oct, 1950, that I last saw the deceased alive on Oct 20, 1950, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell MD 7501 York Rd 10/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 10/24/50

NAME OF CEMETERY OR CREMATORY: Parkwood Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 10/23/50

REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons

ADDRESS: Balto 32247 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 09993

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Fort.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ~~Balto~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Cty
STREET ADDRESS (If rural, give location): 305 Scott St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) W. (Last) GREENFIELD

4. DATE OF DEATH: (Month) 10-29 (Day) (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M-Sep

8. DATE OF BIRTH: 2-19-93

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Truck driver

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Greenfield

14. MOTHER'S MAIDEN NAME: Annie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-01-9457

17. INFORMANT AND ADDRESS: Clin.Red, Vet. Adm.Hosp, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

416 x **Immediate cause** (a) RHEUMATIC HEART DISEASE, CARDIAC DECOMPENSATION — UNKNOWN

95 5 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 19 50, to Oct 29, 19 50, ~~that I last saw the deceased~~ alive on ....., 19....., and that death occurred at 6:40A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Laurence J Knox MD — ADDRESS: VAH FORT HOWARD, MD. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11/1/50 | NAME OF CEMETERY OR CREMATORY: New Cathederal Cemmetary | LOCATION (City, town, or county) (State): Old Federick Rd. Balto, Md.

DATE REC'D BY LOCAL REG.: 10/30/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Joseph Kasinskas, Inc. 602 Washington Blvd. Balto, Md.

VS. A15

42049

09994

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Heights
STREET ADDRESS (If rural, give location) 534 4th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lester	Oliver	Griffith	10	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W	Sep	7-7-1922	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	R.R. Yds + Distrib	Balto.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver W.	Blanche K. Allender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WWII		Fanny - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9023 **Immediate cause** (a) Fractured Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
186a (b) Fractures of both wrists and both elbows —
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Caldwell Co. —	Sparrows Pt.	Balto	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☑	Not while at work ☐	HOW DID INJURY OCCUR?
10	18	50	11½ p.m.			Knocked off scaffolding —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J W Downs MD	Dpty Med. Exam.	Dundalk. Md.	10/18/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B.	10-23-50	Cedar Hill	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 22, 1950	~~John W Wootton~~ Dawson L. Fisher, M.D.	James L. McCarey	130 E. Fort Ave.

VS. A15A

344 V9

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09995

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 1 yr., 2 mos. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8 Wyndhurst Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Elias	Gumbel	Oct.	3,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Sept. 3, 1869	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres. of S. Gumbel Reality Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Gumbel
14. MOTHER'S MAIDEN NAME: Sophie Lengsfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Terminal

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 5yr +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 2yr +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to Oct 3, 1950, that I last saw the deceased alive on Oct 3, 1950, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: W W Elgin M.D. — ADDRESS: THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4, Md. — DATE SIGNED: 10/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/4/50	Matarie	New Orleans, La.

DATE REC'D BY LOCAL REG. 10-4-50 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Wm. J. Pichoner Usona Md. — ADDRESS: Valley Md.

2651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09996

Reg. Diat. No. 3F

1. PLACE OF DEATH
County Balto
City or town Towson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1 Willow Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Elizabeth S. Gunther

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	

6.(b) Name of husband or wife John H Gunther
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 8. 1872

8. AGE: Years	Months	Days	If less than one day
78			..... hrs. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business Home
FATHER 12. Name Dr Paul Wheeler
13. Birthplace Balto Md
MOTHER 14. Maiden name Agnes Linthorn
15. Birthplace Balto Md
16. Informant John H. Gunther
Address 1 Willow Ave T

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-11-50 (month) (day) (year)
Cemetery or crematory St James
Location Balto Co
18. Funeral director Charles P. Towell
Address 5427 Edmondson Ave
19. 10/9/50 (Date received by registrar) 19 Reg. Hodick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1950, at 7 a m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1949, to Oct. 7 1950
and that I last saw h alive on Oct. 6 1950

Immediate cause of death	DURATION
Cardio - Resp. Failure	6 days
Due to Multiple Cerebral Emboli	3 Weeks
Due to Arteria - sclerotic C-V disease	10 yrs ?
Other conditions	

4221
93d

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos. H. Sadlack M.D.
M. D. or other
Address Towson 4, Md. Date signed 10/9/50

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

SEDLACEK

Mr Joseph Sedlacek

200 W. Penna. ave Towson 2-5500

503 W. Chesapeake Ave 72-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09997

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hamilton (Rural); LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hamilton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hamilton (Rural); STREET ADDRESS (If rural, give location) Hamilton Rd.

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) LeGrande; (Last) Hamilton

4. DATE OF DEATH: (Month) OCT. (Day) 6 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: 9-7-1869

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Hamilton

14. MOTHER'S MAIDEN NAME: Margaret Hance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Rosa Emma Hamilton, Hamilton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 days

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria - Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1950, to Oct. 6, 1950, that I last saw the deceased alive on Oct. 6, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France	M.D.	Parkton Md.	10/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 9/1950	Fosters	Hamilton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/50	Anna Reave Price	Landon M. Brooks, Sparks, Md	

44644

RECEIVED
OCT 11 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

09998

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5628 Ashbourne Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Bal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
STREET ADDRESS (If rural, give location): 5628 Ashbourne Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elvira (Last) Harris

4. DATE OF DEATH: (Month) October (Day) 31, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: April 8, 1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George W. Comley

14. MOTHER'S MAIDEN NAME: Sarah E. Doering

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: ---

17. INFORMANT AND ADDRESS: Walter R. Harris 5628 Ashbourne Road 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: apx 1949

Antecedent cause(s)

83a — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia — apx 1949

(c) Arteriosclerosis — 1949.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At wrk ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from apx, 1949, to Oct 31, 1950, that I last saw the deceased alive on Oct 31, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. S. Parson M. D. — ADDRESS 1711 Selma Ave. 27 — DATE SIGNED 11/4/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 4, 1950 — NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Park — LOCATION (City, town, or county) (State): Howard Co., Maryland

DATE REC'D BY LOCAL REG.: 11-2-50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09999

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 W. Elm Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; STREET ADDRESS (If rural, give location) 106 W. Elm Ave

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Leo (Last) Harrison Sr.

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 25 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Coast Guard Light House Service

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas M. Harrison

14. MOTHER'S MAIDEN NAME: Catherine Ahern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: da Harrison 106 W. Elm Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: 1 week

Antecedent cause(s) (b) Chr. Myocarditis — 4 mo

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Paralysis Agitans — 14 years

350X 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Oct 28, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE: J. Harding (Degree or title) MD. ADDRESS: 3805 Belair Rd Balto Md DATE SIGNED: Oct 30 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct 31-50 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 10/30/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Riggel Bros. ADDRESS: 7110 Belair Rd.

JT

496 HV

Dr J S Harding

3805 Belair Rd

Br 5962

Evidence for addition in 18 shown on:

FILM No. G 129 NOV 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10000

Reg. Dist. No. 44

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 23; STREET ADDRESS (If rural, give location): 1703 Hollins Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GEORGE	M.	HAYS		October	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4-27-93	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance UNDERWRITER

10b. KIND OF BUSINESS OR INDUSTRY: U.S.F.&G. INSURANCE

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hays

14. MOTHER'S MAIDEN NAME: Mary Shannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 215-07-8781

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
581.0 Immediate cause	(a) EXSANGUINATION	24 hours
124.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) RUPTURED ESOPHAGEAL VARIX	24 hours
	(c) CIRRHOSIS OF THE LIVER	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	FRACTURE OF RIGHT FEMUR- Did not contribute to death (11-8-50 - ams)	14 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 10, 1950, to Oct. 25, 1950, [illegible] and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE: R. J. Lipin M.D.

(Degree or title) ADDRESS DATE SIGNED

R. J. LIPIN, M. D., ACTING CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. 10-25-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-50	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 30-50	Dawson L. Harby	George A. Farley	Fulton Ave. & Fayette St. Baltimore, Maryland

37480

RECEIVED
NOV 2 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10001

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Codd Nursing Home, 301 W. Chesapeake Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
STREET ADDRESS (If rural, give location): Timonium Road

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) OLGA (Last) HERR

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 17, 1950 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 25, 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William David Herr

14. MOTHER'S MAIDEN NAME: Elizabeth Francis Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Robert Johnson, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma of Colon (Ascending) — 3 yrs

174X Antecedent cause(s)

484 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Uterine Carcinoma — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to Oct 16, 1950, that I last saw the deceased alive on Oct 16, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Charles F. O'Donnell M.D. — 7501 York Rd — 10/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: Oct. 18, 1950 — NAME OF CEMETERY OR CREMATORY: Carl Reynolds Funeral Home — LOCATION (City, town, or county) (State): Quarryville, Penna.

DATE REC'D BY LOCAL REG. 10/18/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, Towson, Maryland

NST

Evidence for addition of #4 shown on: FILM No. G 128 OCT 10 1950

10002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville Md — LENGTH OF STAY (in this place): 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New Cumberland — COUNTY: Pa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Cumberland Pa
STREET ADDRESS (If rural, give location): 421 Reno St ✓

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) Belle (Last) Hilgr
4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 11 - 1871
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Black Log Valley New Cumberland
12. CITIZEN OF WHAT COUNTRY? Pa

13. FATHER'S NAME: Robert Gardner Gifford
14. MOTHER'S MAIDEN NAME: Nancy Gilland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer - Lower G.I. tract — 4/3/50 to 10/1/50

159 X Antecedent cause(s)

46m Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1950, to 10-1, 1950, that I last saw the deceased alive on 10-1, 1950, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kies (Degree or title) M.D. ADDRESS: Cockeysville Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 10-4-1950 | NAME OF CEMETERY OR CREMATORY: Mt. Olive | LOCATION (City, town, or county): New Cumberland (State): Pa

DATE REC'D BY LOCAL REG.: 10-1-50 | REGISTRAR'S SIGNATURE: Laura M. Schroeder | 24. FUNERAL DIRECTOR: Hm. Cook, St Paul & Preston St | ADDRESS

VS. A15

RECEIVED
OCT 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10003

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore 22, Dundalk — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Point Rd, Box 344 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk Baltimore 22 Md.
STREET ADDRESS (If rural give location) North Point Rd Box 344

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Otto	L.	Hintze	10	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	July 12, 1902	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor General	Self Employed	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Hintze	Anna Tirschman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-18-6510	Margaret Hudgins Hintze Dundalk Md. North Point Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973.1 **Immediate cause** (a) Carbon Monoxide Poisoning

163H **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Garage	Dundalk	Balto	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
10-26-50 9p m.		Asphyxiated exhaust in Automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J J Davis MD	Phys. Med. Exam.	Dundalk Md	10/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Oct 30th, 1950	Oak Lawn Cemetery	Baltimore Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/30/50	C. W. Hedrick	George A. Weber	705 S. Rum se

57

15069

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10004

Reg. Dist. No. 3F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1719 Glen Ridge Rd.	STREET ADDRESS (If rural, give location) 1719 Glen Ridge Rd.

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) T.	(Last) HISSEY	4. DATE OF DEATH	(Month) Oct.	(Day) 22	(Year) 19 50	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	Apr. 25, 1881	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY retail Furniture	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John T. Hissey		14. MOTHER'S MAIDEN NAME Annie R. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 213-03-4291	17. INFORMANT AND ADDRESS Mrs. Eleanor H. Reese-1719 Glen Ridge Rd.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	2 hours
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) None (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ None	HOW DID INJURY OCCUR? None		

22. I hereby certify that I attended the deceased from Oct. 16, 1950, to Oct. 22, 1950, that I last saw the deceased alive on Oct. 22, 1950, and that death occurred at 1:02 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Carl Myers	M.D.	1401 E. Cold Spring Lane · Balto. 12, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/25/50	Meadowridge Mem. Pk.	Howard Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/25/50	A. C. Hedrick	Wm. J. Fichner & Son	Balto Md.

Dr ✓ 24867

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10005

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul | LENGTH OF STAY (in this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3711 Pansy Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
STREET ADDRESS (If rural, give location) 3711 Pansy Ave

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Cora (Last) Hoare

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 10, 1869

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Thomas Carson

14. MOTHER'S MAIDEN NAME: ~~Carr~~ Emma Elizabeth Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: J. M. Brandt, 3711 Pansy Ave. English Consul

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Cerebral hemorrhage — ± 1 hr.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure — 3 yrs.

(c) Hypertension — 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Aug 19, 1950, to Oct 4, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Milton Luthcuin, M.D. Luthcuin Heights Md. Oct 4, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/6/50 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/5/50 | REGISTRAR'S SIGNATURE: R. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc. 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10006

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. — 2724 Old North Point Rd. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2724 Old North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2724 Old North Point Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Hoeckel
4. DATE OF DEATH: (Month) October (Day) 20, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug. 1, 1886
9. AGE last birthday: 64 yrs. | If under 1 year: Months 2mos, Days 19 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant at Bathhouse
10b. KIND OF BUSINESS OR INDUSTRY: Bay Shore Park
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?: United States

13. FATHER'S NAME: David Russell
14. MOTHER'S MAIDEN NAME: Margaret Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Alice Trageser-2724 Old North Point Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
592X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertension	don't know
	(c) Chronic ~~Kidney~~ Nephritis (Glomerular)	don't know
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	don't Know

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1948, to October 20, 1950, that I last saw the deceased alive on October 20, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morris A. Jacobs	M.D.	1010 North Point Rd	10/23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 24/50	Cathedral	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/23/50	H.W. Hebrick	Rita Wiedefeld	900 E. Biddle St.

49690

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10007

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (29)
STREET ADDRESS (If rural, give location): 3904 Bolston Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Norman	J.	Hagan	Oct	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug 1st 1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
N.Y. Office Bldg.	Elevator operator	New York	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hagan	Ruth RYAN Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	121-03-9220	Personal History-Hospital Records; Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
131

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 12th 1950, to Oct. 16th 1950, that I last saw the deceased alive on Oct 16th, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: William A Bridges (Degree or title) — ADDRESS: M. D. Eudowood Sanatorium, Towson 4, Maryland — DATE SIGNED: 10-16-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Oct. 17/50.	Gates of Heaven	New York City, N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-17-50	L	Harry H. Wirtz	1401 Edmondson Ave

73081

Dr. Edmonds
2746 Alemeda

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10008 38
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Towson MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9629 Harford Road	STREET ADDRESS (If rural, give location) 9629 Harford Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Edward	Howeth	Oct. 24 19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Mln.
male	white	married	Nov. 7-1872	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	State Police	Tilghman's Island Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Howeth	Mollie Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	215-03-2464-A.	Mrs. Caroline Howeth, 9629 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Cardio Vascular	27 Nov. 1945
	(c) Disease	

4/20.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 27-Nov., 19 45 to 24-Oct., 19 50, that I last saw the deceased alive on 24-Oct., 19 50, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas W. Edmonds	MD	2746 The Alameda	25-Oct-1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-50	Moreland Mem. Park	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-28-50	L	Leonard J. Ruck,	5305 Harford Road.

60498

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10009

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandsm — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 176 Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandsm
STREET ADDRESS (If rural give location) 176 Baltimore

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Burton (Last) Hinkle

4. DATE OF DEATH: (Month) Oct (Day) 6 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 2 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porch Layer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Hinkle

14. MOTHER'S MAIDEN NAME: Mary E Helmig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216 12 6698

17. INFORMANT:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 93d (b) Cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo W. Kieffer MD Dep Med Exam Balto 1010 Leadenhall Oct 6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-9-50 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Oct 9 50 — REGISTRAR'S SIGNATURE: Geo Kieffer MD — 24. FUNERAL DIRECTOR: Wm J Tuckie & Son — ADDRESS: Balto Md

30699

RECEIVED
OCT 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10010

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TIMONIUM; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS POTTSPRING + CINDER RDS.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TIMONIUM; STREET ADDRESS (If rural, give location) POTTSPRING + CINDER RDS.

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) CATHERINE (Last) HYDE

4. DATE OF DEATH: (Month) OCT. (Day) 22, (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 24, 1904

9. AGE last birthday: 46 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Mln. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LUTHER J. HAHN

14. MOTHER'S MAIDEN NAME: MARY C. CLINGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ROSCOE M. HYDE, TIMONIUM, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 Days

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Interval Between Onset and Death: unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1945, to 10/22, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 10.15 a m., from the causes and on the date stated above.

SIGNATURE: Bennett A. Stern (Degree or title) M.D. ADDRESS: Lutherville DATE SIGNED: 10/23/50.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: Oct. 24, 1950 | NAME OF CEMETERY OR CREMATORY: PIPE CREEK CHURCH CEM. | LOCATION (City, town, or county) (State): UNIONTOWN, CARROLL CO. MD.

DATE REC'D BY LOCAL REG. 10/23/50 | REGISTRAR'S SIGNATURE: H.L. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS. TOWSON, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10011

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OVERLEA
LENGTH OF STAY (in this place): 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6919 BEECH AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND. COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OVERLEA.
STREET ADDRESS (If rural give location): 6919 BEECH AVE

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) C. (Last) JAECKSCH

4. DATE OF DEATH: (Month) OCT (Day) 14 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED.

8. DATE OF BIRTH: MAY 7 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL SCHAEFER.

14. MOTHER'S MAIDEN NAME: MARGARET KNORR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE.

17. INFORMANT: CONRAD M. SCHAEFER 6919 BEECH AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	2 days
Antecedent cause(s) 443X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Cardio-Vascular Hypertensive Disease	2 1/2 yrs
	(c) Arteriosclerosis	2 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1948, to Oct. 14, 1950, that I last saw the deceased alive on Oct. 13, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Michael J. Dausch — ADDRESS: 4636 Belair Road — DATE SIGNED: 10/14/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: OCT 17 1950 — NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM. — LOCATION (City, town, or county) (State): 4430 BELAIR RD MD.

DATE REC'D BY LOCAL REG.: 10/16/50 — REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR — ADDRESS: Diffel Bros. 7110 BELAIR RD.

JST

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10012

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Della Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Della Ave.

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) R. (Last) Jones

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/20/1882

9. AGE last birthday: 68 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Catonsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Kidout

14. MOTHER'S MAIDEN NAME: Marie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Marshall S. Jones - Della, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: 5 days.

92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiac Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-31-, 1950, to 10-19-, 1950, that I last saw the deceased alive on 10-19-, 1950, and that death occurred at 4.45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Maloney M.D. 57 Winterbourne Balto. 28 10-19-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial 10/22/1950 Family lot Della, Md.

DATE REC'D BY LOCAL REG. Oct. 21 1950 REGISTRAR'S SIGNATURE R W Redout

24. FUNERAL DIRECTOR ADDRESS

Holland Funeral Home 1605 Druid Hill Ave.

RW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10013

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7120 Sheffield Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh
STREET ADDRESS (If rural, give location): 7120 Sheffield Road

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) G. (Last) Kaufman

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 17, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Wagner

14. MOTHER'S MAIDEN NAME: Caroline Selman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Emory B. Kaufman, 7120 Sheffield Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio vascular disease

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: - (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 19 42, to October 18th 1950, that I last saw the deceased alive on Sept. 9th, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: W. Nelson White M.D. (Degree or title) ADDRESS: 3005 St. Paul St. DATE SIGNED: October 18th 50

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 10/21/50 — NAME OF CEMETERY OR CREMATORY: Meadow Branch — LOCATION (City, town, or county) (State): Westminster, Maryland

DATE REC'D BY LOCAL REG.: 10/19/50 — REGISTRAR'S SIGNATURE: A. W. Redline

24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

JST

CERTIFICATE OF DEATH

Registered No. 38 10014

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CAROLYN MAE KELBAUGH

2. DATE OF DEATH: Oct. 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Anneslie
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 Murdock Rd.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anneslie
D. STREET ADDRESS (If rural, give location): 601 Murdock Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	single	April 12, 1935	15		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lee S. Kelbaugh
14. MOTHER'S MAIDEN NAME: Mabel V. Eyler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. Lee S. Kelbaugh — ADDRESS: 601 Murdock Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary tuberculosis	2 yrs.
DUE TO		
ANTECEDENT CAUSES	(B) Congenital heart disease	Life.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	None.	

002 X
138

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* — , 1950 *to* Oct. 17 , 1950 *that I last saw the deceased alive on* Oct. 17 , 1950 *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Robt. B. Heyde M. D.	Medical Arts Bldg.	Oct. 17-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	10/20/50	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
10/19/50	A. W. Hedrick	Wm. J. Pickens & Sons Balto. Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

10015

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3123 Belmont Ave.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) M. (Last) Kiriluk

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 12, 1920

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electric Welder

10b. KIND OF BUSINESS OR INDUSTRY: Contracting CO

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Micheal Kiriluk

14. MOTHER'S MAIDEN NAME: Eva Zuk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Adele Kiriluk 3123 Belmont Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
910.3 **Immediate cause**	(a) Compound Fracture Vertex of Skull	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. N15e	(b) Fracture right femur	1 hr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Factory (Beth. Steel) — (CITY OR TOWN): Sparrows pt — (COUNTY): Balto. Co. — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 25 1950 3 p m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Pipe fell from high and struck patient on head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Eugene F. Devy M.D. Deputy Medical Examiner — ADDRESS: 7001 Mornington Rd Dundalk, Md. — DATE SIGNED: 10-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 28 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Woodlawn Baltimore City Md

DATE REC'D BY LOCAL REG.: 10-27-50 — REGISTRAR'S SIGNATURE: W. A. Hedrick

24. FUNERAL DIRECTOR: Joseph Kasinskas, Inc. — ADDRESS: 602 Wash. Blvd.

4641V9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10016

CERTIFICATE OF DEATH

Reg. Dist. No. 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 114 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale
STREET ADDRESS (If rural, give location): American Legion Hall - Post # 180

3. NAME OF DECEASED (Type or Print): (First) KNUD (Middle) H. (Last) KNUDSEN

4. DATE OF DEATH: (Month) October (Day) 28 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-22-89

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Copenhagen, Denmark

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jorgen Knudsen

14. MOTHER'S MAIDEN NAME: Nina Strand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 132-09-0039

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

163X Immediate cause (a) CARCINOMA OF BRONCHUS LEFT UPPER LOBE — FOUR MO.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

47c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1950, to Oct. 28, 1950, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

SIGNATURE: Laurence J. Rust (Degree or title): MD. ADDRESS: VAH Fort Howard, Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10/31/50

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10/30/50

REGISTRAR'S SIGNATURE: R. W. Frederick JT

24. FUNERAL DIRECTOR: Blight Funeral Home-6009 Harford Rd., ADDRESS: Balto.,M

Mildred I. Blight. 47699

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10017

CERTIFICATE OF DEATH

Reg. Dist. No. 31

FILM No. G 1 2 NOV 16 1950

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Villa Nova | LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1211 Hanover St

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) M. (Last) Krebs
4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 27 1874
9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Krebs
14. MOTHER'S MAIDEN NAME: Minnie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Joseph Germack 2000 Thayer Terrace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

902.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of femur

186a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Harrisonville, Md. — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 1950 m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? Fall from bed to floor. (10-15-50 - ams)

22. I hereby certify that I attended the deceased from 10/1/50, to 10/17/50, that I last saw the deceased alive on 10/16/50, and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Wm. E. Martin M D — Randallstown Md — 10/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-20-50 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Frederick Ave Md

DATE REC'D BY LOCAL REG.: Nov. 9, 1950 — REGISTRAR'S SIGNATURE: Dr. Wm. E. Martin — 24. FUNERAL DIRECTOR — ADDRESS: John T Denny Inc 715 Light St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10018

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park - Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS " "

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park - Essex
STREET ADDRESS (If rural, give location) " "

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) B. (Last) Laisure

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/7/1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: Distillery

11. BIRTHPLACE (State or foreign country): N.D.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Laisure

14. MOTHER'S MAIDEN NAME: Edith Gemmill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-05-5879

17. INFORMANT: Edith Laisure Hyde Park Balto. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 12 hr.

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina pectoris, Coronary sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1950, to 10/4, 1950, that I last saw the deceased alive on 10/4, 1950, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles J. Black. ADDRESS: 815 Eastern Ave DATE SIGNED: 10/4/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/7/50 — NAME OF CEMETERY OR CREMATORY: Maryland Park — LOCATION (City, town, or county) (State): Parkville Md.

DATE REC'D BY LOCAL REG. 10/5/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook — ADDRESS: 1217 St. Paul St

JT

49637

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10019

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph — (Middle) J — (Last) Langley
4. DATE OF DEATH: (Month) Oct — (Day) 28 — (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	3/16/71	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Retired	Dairy farming	Md	USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	unknown	Mrs Virginia Langley La Plata Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis (senile)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene right leg secondary

(c) Ecchymosis right temporal region

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage of brain

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hospital	Catonsville	Balto.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
Oct 26 50 m.		Patient fell on floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	Asst Med Examiner	Balto Co 1010 Leadenhall	Oct 29 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/31/50	St Marys	Bryantown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/29/50	V. E. Harris	Hewitt & Ryon	Waldorf Md

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10020

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A13

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevenson
LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevenson
STREET ADDRESS (If rural, give location): Valley Road

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Mary (Last) Long

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar 13 1865

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Reinecke

14. MOTHER'S MAIDEN NAME: Minnie Koerner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Henry Long Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 Immediate cause (a) Carcinoma of liver — Interval between onset and death: 2 months

Antecedent cause(s)

46? Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-, 1950, to 10-5, 1950, that I last saw the deceased alive on 10-4, 1950, and that death occurred at 9P m., from the causes and on the date stated above.

SIGNATURE: John L Sadtler (Degree or title) M.D. ADDRESS: Reisterstown Md DATE SIGNED: 10-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct 8 1950 — NAME OF CEMETERY OR CREMATORY: Grace Cemetery — LOCATION (City, town, or county) (State): Chestnut Ridge Md

DATE REC'D BY LOCAL REG.: 10-7-50 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: Wm Berryman & Sons Reisterstown Md

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10021

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Kentucky — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Louisville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Nursing Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	J.	Martin	October	21,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	About 1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Engineer	L. & N.	Ireland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Edward Martin, 1417 Newton St., Washington D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIO VASCULAR RENAL DISEASE. — 2 days

442X **Antecedent cause(s)** 0

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 0

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
D				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
	0		m.		

22. I hereby certify that I attended the deceased from 10/20, 1950, to 10/21, 1950, that I last saw the deceased alive on Oct. 20, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Lloyd Johnson	M.D.	Catonsville Md	10/21/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/21/50	Louisville	Louisville, Kentucky

DATE REC'D BY LOCAL REGr	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 21 1950	[signature]	Wm. Cook, Inc.	1217 St. Paul Street

Mr. Victor E. Harvey

32247

RECEIVED
OCT 25 1950
BUREAU T. S

RECEIVED
OCT 25 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10022

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 509 Regester Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
STREET ADDRESS (If rural give location): 509 Regester Avenue

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) E. (Last) Martin

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 22, 1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John A. Williams

14. MOTHER'S MAIDEN NAME: Mary A. Laroque

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Charles S. Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Liver	1 Yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) See. Anemia	
	(c)	

156 ✗
467

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to Oct 31, 1950, that I last saw the deceased alive on Oct 31, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE: Laurence C. Tosh (Degree or title) M.D. ADDRESS: 612 Wilton Road, Towson, Md. DATE SIGNED: 11/1/50

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 11/3/50
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11-2-50
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place

6805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10023

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Rockdale Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Rockdale, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3614 Edmondson Road
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Jesse Mc Candless

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower.

6.(b) Name of husband or wife: Sophia Mc Candless

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): April 9, 1872

8. AGE:

Years	Months	Days	If less than one day
78			____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Retired Foreman watchman

11. Industry or business: Campbell & Sons & Erdyean Tire Co.

FATHER
12. Name: John Mc Candless
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary Barnett.
15. Birthplace: Maryland.

16. Informant: George W. Mc Candless.
Address: 4006 Falls Road, Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-18-50 (month) (day) (year)

Cemetery or crematory: Delta.

Location: Pennsylvania

18. Funeral director: Austin J. E. Donovan

Address: 3818 Roland Ave Balto Md

19. 10/14/50 (Date rec'd by registrar) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 14, 1950, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1950, to Oct. 14, 1950 and that I last saw h[illegible] alive on Oct. 14, 1950

Immediate cause of death	DURATION
Coronary occlusion	1 hour
Due to: Arteriosclerosis	
Due to:	
Other conditions: Chr. Valv. Heart Dis	
Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operation: 420.1

Date of op. 9/26

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm. E. Martin M. D. or other

Address: Randallstown Date signed: 10/17/50

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10024

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1907 Hillside Drive	STREET ADDRESS (If rural, give location): 1907 Hillside Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	George	McGinnis, Sr.	October 9, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 8, 1887	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stairbuilder	Carpentry	Baltimore, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William George McGinnis	Jane E. Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-03-6597	Mr.W.G.McGinnis, Jr.,1907 Hillside Dr.,Wdln

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vasc. - Renal - Hypertn Disease	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arthrosc. ; Congestive Heart Failure	
	(c) Myocardial Insufficiency Cardio Vasc Disease	

442X
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Contributory

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1947, to Oct 9, 1950, that I last saw the deceased alive on Oct 9, 1950, and that death occurred at 11.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
On file Geo Abbott M.D.	4509 Liberty Heights Ave.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 12,1950	Mt. Olive Cemetery	Randallstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/12/50	Wm. Hedrick	J. Willis Lamotray	4510 Liberty Heights Ave.

30819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10025

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; MARYLAND; LENGTH OF STAY (in this place) 24 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Clarendon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8; STREET ADDRESS (If rural give location) 5 Clarendon Ave

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Russell (Last) McGruger

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 14, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Clerk-Bookkeeping Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Chemical Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William A. McGruder

14. MOTHER'S MAIDEN NAME: Ella V. Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-3826

17. INFORMANT: Mrs. Ethel W. McGruder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma lung — Interval Between Onset and Death: 1 year

162X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

47c

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Oct., 1950, to 17 Oct., 1950, that I last saw the deceased alive on 17 Oct., 1950, and that death occurred at 17 Oct. 1950 2:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles W. Williams M.D. ADDRESS: Pikesville 8, Md. DATE SIGNED: 17 Oct. '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10/20/50; NAME OF CEMETERY OR CREMATORY: London Park; LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 10/19/50; REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul Street

JST

26660

MARYLAND STATE DEPARTMENT OF HEALTH

10026

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COCKEYSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD — COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COCKEYSVILLE
STREET ADDRESS (If rural give location): HOLLOW ROAD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Verna	Grace	Miller	Oct.	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	JAN 17, 1917	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OLIVER N. REXROTH.	FANNIE J. HAINES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		PAUL E. MILLER

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976x Immediate cause	(a) Gunshot wound, chest. Suicide	Sudden
164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Rollin L. Hudson MD, PME.	Towson 4 Md.	10/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 30/50	Baltimore National	Frederick Rd Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/27/50	W.S. Hedrick	Winston E. Donovan	3818 Roland Ave

DR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10027

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne RURAL
LENGTH OF STAY (in this place) 7 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL (BALTO.)
STREET ADDRESS (If rural, give location) ROUTE #2

3. NAME OF DECEASED (Type or Print): (First) MILES (Middle) EDWARD (Last) MIXSON

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: APRIL 20, 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: DRUGGIST

11. BIRTHPLACE (State or foreign country): FLORIDA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ARCHIBALD MIXSON

14. MOTHER'S MAIDEN NAME: CALHOUN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: MRS. INEZ M. MIXSON SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY ARTERY THROMBOSIS — Interval between onset and death: SUDDEN

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — 7 YRS. +

932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1950, to 10/21, 1950; that I last saw the deceased alive on 10/4, 1950, and that death occurred at 8.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Machen M.D. 6331 Belair Road Balto (6) Md. 10/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 10-23-1950

NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEM.

LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REG. 10/23/50

REGISTRAR'S SIGNATURE R. A. Hedrick

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD. BALTO. CO.

V3070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10028

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cape May Beach Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cape May Beach
STREET ADDRESS (If rural, give location) Middle River, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	J.	MOXLEY	Oct.	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Jan. 20, 1896	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator- Retired	Lumber	Balto. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Moxley	Mamie Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Non	?	Mrs. Albertina Moxley Box 217 Rt. 13 Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 6 hrs

420.1 Antecedent cause(s) — Hypertension. Mitral & aortic Insufficiency & — 3 yrs

92 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stenosis. Myocarditis - Nephritis - Bundle Block. — 1940

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 410

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 9-12, 1940, to 10-20, 1940, that I last saw the deceased alive on Oct. 20, 1940, and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harry Linden, M.D.		14 S. Broadway Baltimore 31, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/23/50	Oaklawn Cemetery	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/23/50	Ann Hedrick	Wm. J. Tickner & Sons Inc.	Balto. Md.

DM

496 07

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10029

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1209 Stevenson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 1209 Stevenson Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Louise (Last) Murray

4. DATE OF DEATH: (Month) Oct. (Day) 25, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 28 1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Harrison

14. MOTHER'S MAIDEN NAME: Mary A. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. John A. Murray 1200 Stevenson Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease

443 X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1940, to Oct 25, 1950, that I last saw the deceased alive on Oct 25, 1950, and that death occurred at 11.05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Laurence C. Pool M. D. 6805 York Rd - Baltimore, 12 Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 10/28/50

NAME OF CEMETERY OR CREMATORY: Loudon Pk. Cem.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/27/50

REGISTRAR'S SIGNATURE: H. W. Hedrick Dep

24. FUNERAL DIRECTOR: Wm J. Tickner & Sons

ADDRESS: Balto (17) Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10030

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Ave.	STREET ADDRESS (If rural, give location) Maryland Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Olivia	Maude	Myers	Oct.	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W		Feb 5 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Toms	Martha Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Elden Myers, Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic myocarditis	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteri - sclerosis	
93d (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 16, 1950, to Oct. 21, 1950, that I last saw the deceased alive on Oct. 21, 1950, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. Franco	M D	Parkton Md	10/21/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 24 1950	Moreland Mem. Park	Taylor Ave, Balto. 14 Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/22/50	Gena Pierce Rice	Landon M. Brooks	Sparks, Md

per R.S.

VS. A15

RECEIVED
OCT 26 1960
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10031

CERTIFICATE OF DEATH

Reg. Dist. No. 5C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 7822 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) (NMI) (Last) NEHUS, JR.

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-9-95

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electric Welder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Nehus

14. MOTHER'S MAIDEN NAME: Johanna Luke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DILATATION AND HYPERTROPHY OF RIGHT VENTRICLE — UNKNOWN

527.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PULMONARY EMPHYSEMA AND ATELECTASIS — 1 YEAR +

95C (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA — 5 DAYS

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1950, to Oct. 24, 1950 [redacted] and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE Paul Padget, M.D. (Degree or title) — ADDRESS — DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND — 10-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-28-50 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery | LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG. 10/26/50 | REGISTRAR'S SIGNATURE: Ann Hodnick

24. FUNERAL DIRECTOR — ADDRESS: William Cook Funeral Home, St. Paul & Preston Sts., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10032

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. 6 — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg | LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Willow Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg.
STREET ADDRESS (If rural give location) 20 Willow Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	FRANK	NELSON	10 -	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Jan 19, 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Rest Bakery
11. BIRTHPLACE (State or foreign country): Balto. City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Nelson
14. MOTHER'S MAIDEN NAME: Francis Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 216-07-3418
17. INFORMANT: Mrs. Geo. F. Nelson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF PANCREAS	18 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

157X
46g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — 6 Yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from FEB. 10, 1944, to OCT. 12, 1950, that I last saw the deceased alive on OCT. 12, 1950, and that death occurred at 6:35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John W Machen	M.D.	6331 Belair Rd. Baltimore (6)	Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 16, 1950	Parkwood Cemetery	Balto. City	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 13 -	Mrs G. L. Reynolds	Lasasha Funeral Home	7401 Belair Rd.

VS. A15

RECEIVED
OCT 16 1950
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Per phone call to Mrs. Lorenz 10/23/50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10033

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Wilson
LENGTH OF STAY (in this place): 2 yrs. 4 mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1129 Maryland Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leif	Haakon	Nordvik	Oct.	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	11-24-17	32 yrs.	10	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman for retail furniture store
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter for Contractor when able
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Peter Nordvik
14. MOTHER'S MAIDEN NAME: Vivian Lawsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 216-07-9282
17. INFORMANT AND ADDRESS: Leif Haakon Nordvik, Balto., Md. 1129 Maryland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	About 2½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Tuberculosis of the Kidney	" "
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-28-, 1948, to 10-6-, 1950, that I last saw the deceased alive on 10-6-50, 1950, and that death occurred at 5:35 A. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lawn (Degree or title) M.D. ADDRESS: Mt. Wilson, Md. DATE SIGNED: 10/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/7/50	Moreland Mem. Park	Taylor Ave., Balto., Md.

DATE REC'D BY LOCAL REG. 10/6/50 — REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: Ruck's Funeral Home — ADDRESS: 5305 Harford Rd., Balto., Md.

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RECEIVED
OCT 11 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

10034

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 22 yrs. 2 mths. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 709 S. Ann Street
STREET ADDRESS (If rural, give location): Baltimore, Maryland

3. NAME OF DECEASED (Type or Print): (First) Veronica (Middle) (Last) Novak

4. DATE OF DEATH: (Month) October (Day) 24, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 4, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. 10 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Nowak

14. MOTHER'S MAIDEN NAME: Agnes ~~Shuinski~~ STROINSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, right lower lobe	2 days
422.1 Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic right side heart failure	3 months
	(c) Generalized arterio-sclerotic cardio-vascular disease	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1928, to Oct. 24, 1950, that I last saw the deceased alive on Oct. 24, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Florence Kerrigan Joyce M. D. Spring Grove State Hospital, Catonsville 10/24/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: OCT. 27-1950
NAME OF CEMETERY ~~OR CREMATORY~~: ST. STANISLAUS
LOCATION (City, town, or county) (State): BALTIMORE, Md.

DATE REC'D BY LOCAL REG.: 10/26/50
REGISTRAR'S SIGNATURE: A.C. Hedrick

24. FUNERAL DIRECTOR: George A. Weber ADDRESS: 705 S. Ann st

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10035

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westchester Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Westchester Avenue

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) LEONIDAS (Last) OFFUTT

4. DATE OF DEATH (Month) (Day) (Year): Oct. 18th, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 13, 1871

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. R. Trainman

10b. KIND OF BUSINESS OR INDUSTRY: Baggage Man

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thornton Offutt

14. MOTHER'S MAIDEN NAME: Sarah Snapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs L. D. Whaley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): CHRONIC MYOCARDITIS (ARTERIO°SCLEROTIC) — 4 YRS

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

932

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: 0

22. I hereby certify that I attended the deceased from Sept. 3., 1946, to Oct. 18., 1950, that I last saw the deceased alive on Sept. 10., 1950, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Lloyd Johnson M.D. — ADDRESS: 610 Frederick Rd, Catonsville Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 21, 1950 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10-21-50 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville, Md.

25047

RECEIVED
OCT 23 1950
BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10036

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1723 Eastern Ave	STREET ADDRESS (If rural, give location) 1723 Eastern Ave.

3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) E.	(Last) Ogden	4. DATE OF DEATH	(Month) Oct	(Day) 12	(Year) 1950		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.	
Female	White	married	June-19-1880	70 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Rimerton, Penna.	12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME William Morrow		14. MOTHER'S MAIDEN NAME Hoyt							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT Mr. Thomas L. Ogden							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X **Immediate cause** (a) Pulmonary Embolism

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Metastatic Carcinoma

(c) Carcinoma of Left Breast — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 18, 1948	19b. MAJOR FINDINGS OF OPERATION Carcinoma, left breast	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Essex	(COUNTY) Balto.	(STATE) Md.	
TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to Oct 12, 1950, that I last saw the deceased alive on Oct 10, 1950, and that death occurred at 1:55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eugene R. Shanklin	M.D.	417½ Eastern Ave.	Oct 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county)	(State)
Burial	Oct. 13-50	St. Mary's Cemetery	Relay	Penna

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/13/50	H. W. Hedrick	Hugh S. Connelly	718 Eastern Ave Balto 21 Md.

VS. A15

10037

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A16

1. PLACE OF DEATH
COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 630 "E" ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS POINT
STREET ADDRESS (If rural, give location): 630 "E" ST.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) B. (Last) OLINGER

4. DATE OF DEATH: (Month) OCT. (Day) 17 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 28 1906

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STENOGRAPHER

10b. KIND OF BUSINESS OR INDUSTRY: BANKING IND.

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U-S

13. FATHER'S NAME: ROBERT B. COWAN

14. MOTHER'S MAIDEN NAME: MARY GOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: EDWARD J. OLINGER JR. 630 "E" ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast (R) — Interval Between Onset and Death: 8 years

170X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1942

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast (R)

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Oct 17, 1950, that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. Anderson, M.D. ADDRESS: 520 D St. Sparrows Pt. DATE SIGNED: Oct 17, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: OCT. 20, 1950 — NAME OF CEMETERY OR CREMATORY: FAIRLAWN CEM. — LOCATION (City, town, or county) (State): BALTO. CO., MD.

DATE REC'D BY LOCAL REG.: 10/20/50 — REGISTRAR'S SIGNATURE: A. W. Helmus

24. FUNERAL DIRECTOR — ADDRESS: ULRICH FUNERAL HOME, DUNDALK, MD. 23680

JT

MARYLAND STATE DEPARTMENT OF HEALTH

10038

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (in this place) 11 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 MORNINGSIDE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 717 MORNINGSIDE DRIVE

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) JOHN (Last) OOSTERLING

4. DATE OF DEATH: (Month) OCT. (Day) 7 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 12, 1904

9. AGE last birthday: 46 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRANS. DESIGN ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: BENDIX RADIO CORP.

11. BIRTHPLACE (State or foreign country): MICHIGAN

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER OOSTERLING

14. MOTHER'S MAIDEN NAME: CORA TRIESTRAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 139-05-4971

17. INFORMANT AND ADDRESS: MRS. H.J. OOSTERLING, TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma of Intestinal Tract — Interval Between Onset and Death: 6 months

153X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

46e (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 7th 1950

19b. MAJOR FINDINGS OF OPERATION: Lymphosarcoma Intestinal Tract Towson 4 Balto.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20th, 1950, to Oct 7th, 1950, that I last saw the deceased alive on Oct 6th, 1950, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Daniel H. H. Thos. Jenifer M.D. — Towson 4. Md. — Oct. 9th 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: Oct. 10, 1950 — NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEM. — LOCATION (City, town, or county) (State): TOWSON, MD.

DATE REC'D BY LOCAL REG. 10/10/50 — REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

FCL

35635

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10039

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 N. Beechwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 203 N. Beechwood Avenue

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) M. (Last) Pilert

4. DATE OF DEATH (Month) October (Day) 8, (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 13, 1900

9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fred C. Dill

14. MOTHER'S MAIDEN NAME Margaret Hanitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Harold M. Pilert, 203 N. Beechwood Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X Immediate cause (a) Diabetes Mellitus. — Interval Between Onset and Death: 11. yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Nephritis. — 1. yr.

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug-31, 1939, to Oct-8 1950, that I last saw the deceased alive on Oct-5, 1950 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) ADDRESS Catonsville DATE SIGNED Oct. 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10/11/50 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 10/10/50 — REGISTRAR'S SIGNATURE C W Fedrick — 24. FUNERAL DIRECTOR Wm. Cook, Inc — ADDRESS 1217 St. Paul Street

JCL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10040 28

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 65 yrs

Hospital, institution, or street address where death occurred: Nursing Home, 16 Fusting Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 616 North Bend Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Robert T. Porter

3.(b) Social Security Number: 218-14 6561

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married

6.(b) Name of husband or wife: Elizabeth Reuwer Porter

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 13, 1866

8. AGE: Years	Months	Days	If less than one day
84	2	2	hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Watchman

11. Industry or business: White Motor Co.

FATHER — 12. Name: Robert H. Porter

13. Birthplace

MOTHER — 14. Maiden name: Amanda Toadvin

15. Birthplace

16. Informant: Mrs. Ethel A. Huntt

Address: 616 North Bend Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 18/50 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: 4300 Old Frederick Rd. Balto. Md.

18. Funeral director: Harry A. Luitzke

Address: 4101 Edmondson Ave.

19. 10/16 19 50 (Date rec'd by registrar) R. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15/50 19 at 7 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-28-47 19 to 10-15 19 50 and that I last saw h[illegible] alive on 10-15 19 50

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to arteriosclerosis	
Due to 331X	
Other conditions 83a	

(Include pregnancy within 3 months of death)

Major findings of operation: —

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: H. W. Ulrey M. D.

M. D. or other

Address: 3921 Edmondson Ave. Date signed: 10/16/50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10041

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ~~Balto.~~; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto.; STREET ADDRESS (If rural, give location) 4325 Marble Hall Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ANNIE	H.	POTTER		Oct.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Feb. 23, 1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-at home	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Orams	Sarah Stanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	-	Mr. C. O. Harrington 4 Overbrook Rd. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	Unknown
	(c)	

420.1 / 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/10, 1950, to 10/17, 1950, that I last saw the deceased alive on 10/17, 1950, and that death occurred at 4:42 P m., from the causes and on the date stated above.

SIGNATURE James J. Nolan (Degree or title) MD ADDRESS 5804 Edmondson Ave. Balto 28 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/20/50	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/19/50	H.W. Hedrick D.R.M.	Wm. J. Dickenert & Sons	Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10042

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 139 S. Symington Ave.	STREET ADDRESS (If rural, give location) 139 S. Symington Ave.

3. NAME OF DECEASED (Type or Print)	(First) EDWIN	(Middle) ALLEN	(Last) PRINCE	4. DATE OF DEATH	(Month) Oct.	(Day) 1	(Year) 1950	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6/18/89	9. AGE last birthday 61 yrs.	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Coal	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Cole Prince		14. MOTHER'S MAIDEN NAME Sallie Grumbine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Regina McN. Prince–139 S. Symington Av Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 94a

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb, 1945, to Oct, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 1200 m., from the causes and on the date stated above.

SIGNATURE C. J. Lubinski MD (Degree or title) ADDRESS 1945 W Balto St DATE SIGNED 10/3/50 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE 10/4/50	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	LOCATION (City, town, or county) (State) Frederick, Md.	
DATE REC'D BY LOCAL REG. 10/4/50	REGISTRAR'S SIGNATURE C W Hedrick LCL	24. FUNERAL DIRECTOR Wm. J. Dickner & Sons	ADDRESS Balto Md	

VS-A15

156V2

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10043

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Woodhurst Pky

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 600 Woodhurst Pkwy

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) R (Last) Ratliff

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	Mch 8 1950	yrs.	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore City Md	USA

13. FATHER'S NAME: Cliff Ratliff Jr Md
14. MOTHER'S MAIDEN NAME: Helen Jane Sheffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mildred J Bryson 4617 Old Frederick Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Respiratory failure	
273X 64 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tracheal Compression	
	(c) Enlarged Thymus	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Autopsy findings.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ger McKieffer	M D Asst Med Exam Balto Co	1010 Leadenhall	Oct 31 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 23 1950	Pine Hill	Churchville Harford Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 31. 50	Ger Pfeiffer	Henry Tawney & Sons	Aberdeen Md

VS. A15A

2-0-3-08-0-1-6-2-40-5

RECEIVED
OCT 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10044

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3308 Ellerslie Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Mansfield (Last) Reid

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 12 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William T. Reid

14. MOTHER'S MAIDEN NAME: Mary Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mary A. Reid (sister) 3308 Ellerslie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	5 yrs +
	(c)	

420.1 / 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July, 1950, to 19 Oct, 1950, that I last saw the deceased alive on 19 Oct, 1950, and that death occurred at 10 45 A.m., from the causes and on the date stated above.

SIGNATURE: Richard A. Young (Degree or title) M.D. ADDRESS 909 Aran Rd. Balto-12 DATE SIGNED 20 Oct 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 10-21-50; NAME OF CEMETERY OR CREMATORY Green Mount; LOCATION (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REG. 10/20/50; REGISTRAR'S SIGNATURE A. W. Bedrick; 24. FUNERAL DIRECTOR Stewart & Morris Co. ADDRESS Balto. Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10045

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balt Co — MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Balt. — LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dry Haul Middle River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) White Marsh, Md.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) HENRY (Last) RHEA
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2/22/1875
9. AGE last birthday: 75 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: plumbing
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Wesley Rhea
14. MOTHER'S MAIDEN NAME: Cynthia Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rhoda L. Herman, White Marsh, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X — Immediate cause (a) Cerebral arteriosclerosis, — 2 yrs

97 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis, hypertension — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 10/20, 1950, that I last saw the deceased alive on 10/19, 1950, and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE Joseph Lawen (Degree or title) MD — ADDRESS 20 Glendale Rd — DATE SIGNED 10/20/50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 23 1950 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Arlington, Harford Md (State)

DATE REC'D BY LOCAL REG. Oct. 24, 1950 — REGISTRAR'S SIGNATURE Hurley BFV — 24. FUNERAL DIRECTOR Howard L. McGraw & Son — ADDRESS Arlington Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10046

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 Stratford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Catonsville COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 415 Stratford Rd.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) B. (Last) Rice

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 29, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Rice

14. MOTHER'S MAIDEN NAME: ? Tarbutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Clarence H. Rice - 415 Stratford Rd. Catonsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vas - Renal Disease	1 yr.
	(c)	

11 12
131a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1950 to Oct 3, 1950, that I last saw the deceased alive on Oct 3, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. P. Vondschuh MD

ADDRESS 4818 Edmondson Ave.

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/6/50

NAME OF CEMETERY OR CREMATORY Springhill Cemetery

LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 10/5/50

REGISTRAR'S SIGNATURE a. w. Hedrick

24. FUNERAL DIRECTOR John E. Mitchell & Son Inc. ADDRESS 1900 Eutaw Place

JST

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10047

CERTIFICATE OF DEATH

Reg. Dist. No.....

M The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg — LENGTH OF STAY (In this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7805 Rohe Avenue	STREET ADDRESS (If rural give location) 7805 Rohe Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLEN		ROHE	Oct.	7th,	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Mar. 4, 1860	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Balto. Co., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen Dougherty	Bridget Welby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		----	Mrs. Thomas Barlow, 7805 Rohe Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a) Myocardial infarction	ca. 3 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis	10 yrs
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1, 19 50, to Oct 7, 19 50, that I last saw the deceased alive on Oct 7, 19 50, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward A Bressan	M.D.	1W. Orchard St.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Oct. 11, 1950	St. Josephs Cemetery	Fullerton, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/9/50	H W Kedrick	Lansdale Funeral Home	7401 Belair Rd

Dom

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10048 4 4

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.; MARYLAND; LENGTH OF STAY (in this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21; STREET ADDRESS (If rural, give location) 111 N. Stuart Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	THOMAS	A.	RULEY	October	18,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10-18-90	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist		Baltimore, Maryland	USA

13. FATHER'S NAME: Stephen Ruley

14. MOTHER'S MAIDEN NAME: Anna Buenger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY ARTERIOSCLEROSIS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Multiple old myocardial infarcts due to above Pulmonary emphysema; Pulmonary edema	Unknown Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Oct. 10, 1950, to Oct. 18, 1950, XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND - 10-18-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 21, 1950	Sacred Heart Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-19-50		John G. Connelly	418 Eastern Avenue Baltimore, Maryland

CERTIFICATE OF DEATH

Registered No. 30 10049

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anne Russell

2. DATE OF DEATH: Oct 4 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville Aged Home 315 Ingleside Ave
c. Length of stay in Baltimore: 18 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Fred
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Market
D. STREET ADDRESS (If rural, give location):

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	June 15 1870	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Market Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Issac S. Russell
14. MOTHER'S MAIDEN NAME: Lucinda Buckingham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: Henry Russell 3902 Groveland Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arterio sclerotic cardio vasc. dis.	Unknown
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
422.1 93d II	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16 19 49, to Oct 2, 19 50, *that I last saw the deceased alive on* Oct 2, 19 50 *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Magness M. D.
23B. ADDRESS: Catonsville, Md
23C. DATE SIGNED: 10-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 7 1950
24C. NAME OF CEMETERY OR CREMATORY: Old Side Meth Church
24D. LOCATION (City, town, or county) (State): New Market Md

DATE RECEIVED BY LOCAL REGISTRAR: 10-6-50
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Harry J. Linwood
ADDRESS: 4204 Ridgewood Ave.

P. W. Dedrick

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10650

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6748 Windsor Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 6748 Windsor Mill Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Truman (Last) Sauter
4. DATE OF DEATH: (Month) Oct. (Day) 18th (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept. 18 1873
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Woodlawn Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Sauter
14. MOTHER'S MAIDEN NAME: Sarah Peddicord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Webster Sauter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1 **Immediate cause** (a) Coronary Thrombosis — 3 months.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1950 to Oct. 18, 1950, that I last saw the deceased alive on Oct. 14, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Edward G Purpont M.D. — 8027 Liberty Rd, Balto 7, Md. — 10/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct. 21 1950 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery | LOCATION (City, town, or county): Randallstown | (State): Md

DATE REC'D BY LOCAL REG.: 10/20/50 | REGISTRAR'S SIGNATURE: a. W. Keene | 24. FUNERAL DIRECTOR: Wallis Lawrence | ADDRESS: 4510 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10051

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2484 Keyway Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 2484 Keyway Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	A.	Schiller	10	31	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	6-16-1878	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Knight
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs. Bessie Thompson — 2484 Keyway Rd. Dundalk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
156.1 Immediate cause	(a) Carcinoma of the liver.	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46.6	(b)	
	(c) Diverticulum of the 2nd portion of the duodenal	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour):
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27, 1950, to 10-31, 1950, that I last saw the deceased alive on 10-31, 1950 and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE: Eugene F. Nevy (Degree or title) M.D. ADDRESS: 7001 Mornington Rd Dundalk 22, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-4-1950	Parkwood	Baltimore Md.

DATE REC'D BY LOCAL REG. 11/3/50
REGISTRAR'S SIGNATURE: A. W. Heard
24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St

J1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10052

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bonnie View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 4110 Springdale Ave.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) M. (Last) SCHNEIDEREITH
4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1950

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Oct. 22, 1867
9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Hemmeter
14. MOTHER'S MAIDEN NAME: Matilda Ziegler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Miss Helene M. Schneiderith - 4110 Spring dale Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Oedema of lungs and general debility — Interval between onset and death: 8 hours

170 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50

(b) General arteriosclerosis — 3 years

(c) Carcinoma of right breast (removed 1944

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no recurrence).

19a. DATE OF OPERATION: March 11, 1944
19b. MAJOR FINDINGS OF OPERATION: Removal of right breast for carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) Baltimore, (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Oct. 21, 1950, that I last saw the deceased alive on Oct. 21, 1950, and that death occurred at 8:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest G. Starr, M.D. ADDRESS 516 Cathedral St. DATE SIGNED 10/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/24/50
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE RECD BY LOCAL REG. 10/24/50
REGISTRAR'S SIGNATURE Otto W. Hedrich Dep
24. FUNERAL DIRECTOR Wm. J. Nichols & Sons ADDRESS Balto. Md.

VS. A15

CERTIFICATE OF DEATH

Registered No. 31

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA B SEIPP

2. DATE OF DEATH: OCT 25, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland 6927 DOGWOOD RD
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore 40 YRS (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
6927 DOGWOOD RD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
WOODLAWN MD
D. STREET ADDRESS (If rural, give location)
6927 DOGWOOD RD WOODLAWN MD

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
F.	W	MARRIED	JUNE 23 - 82	68	4			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		BALTIMORE	

13. FATHER'S NAME: WM. H.

14. MOTHER'S MAIDEN NAME: HUTCHENSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NONE	JOHN W. SEIPP	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage and paralysis — INTERVAL BETWEEN ONSET AND DEATH: about 2 hrs.

DUE TO

(B) Advanced Arterio-sclerosis — ?

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

331X
83a

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN 1/50, 19__, *to* OCT 25, 1950, *that I last saw the deceased alive on* OCT 25, 1950, *and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B. ADDRESS	23C. DATE SIGNED
Walter J Tublitz	2220 Harrison Blvd	OCT 27/50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	OCT 28, 1950	WOODLAWN	WOODLAWN MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
10/27/50	RW	E Clarence Orman & Sons	5118 Gwynn Oak

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10054

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Cottonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 Weeks
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? 6 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4107 Maine Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Tillie Eilers Sheen

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Jermiah F. Sheen
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 5th 1867

8. AGE: Years	Months	Days	If less than one day
81	1	13	hrs. min.

9. Birthplace: Holland (Town, county, and state)
10. Usual occupation: Home Duties
11. Industry or business

FATHER
12. Name: John Kluver
13. Birthplace: Holland

MOTHER
14. Maiden name: Adelayd Johnson
15. Birthplace: Holland

16. Informant: Mrs Alice Bromwell
Address: 4107 Bromwell

17. Burial - REMOVAL (Burial, cremation, or removal. Which?) Date thereof Oct. 21, 1950 (month) (day) (year)
Cemetery or crematory: Parkview
Location: Peoria, Ill.
18. Funeral director: Fred A. Cole
Address: 1913 W. Baltimore St.
19. 10/19/1950 (Date rec'd by registrar) R. W. Hennick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18th 1950 at 1210A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1950 to Oct 18 1950 and that I last saw her alive on Oct 18 1950

	DURATION
Immediate cause of death: Chronic Interstitial Nephritis	4 yrs
Due to: Myocardial Insufficiency	2 days
Due to: 592X 137	
Other conditions: Arteriosclerosis	10 years

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: David Miller M. D. or other
Address: 4510 Stanford Rd Date signed: 10/18/50

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

DECEDENT: PLACE OF DEATH

1. (a) COUNTY ..... (b) CITY OR TOWN .....
(If outside city or town limits, write RURAL and give nearest town)

2. (a) STREET ADDRESS (If in hospital or institution, write its name instead of street address)
(b) HOSPITAL, INSTITUTION, OR STREET ADDRESS WHERE DEATH OCCURRED .....

3. (a) USUAL RESIDENCE (Where deceased lived before death, not where hospital or institution is located)
(b) CITY OR TOWN ..... (c) COUNTY .....
(d) STATE .....

4. (a) LENGTH OF STAY IN HOSPITAL OR INSTITUTION .....
(b) HOW LONG AT USUAL RESIDENCE .....

PERSONAL AND STATISTICAL PARTICULARS

5. (a) SEX ..... (b) COLOR OR RACE ..... (c) MARRIED, WIDOWED, OR DIVORCED .....

6. (a) DATE OF BIRTH (Month, day, year) ..... (b) AGE: Years ..... Months ..... Days ..... If less than one day ..... hrs. ..... min.

7. (a) IF MARRIED, WIDOWED, OR DIVORCED, NAME OF HUSBAND OR WIFE .....
(b) IF CHILD, NAME OF FATHER .....

8. (a) IF ALIVE, GIVE AGE ..... years
(b) IF DECEASED, DATE OF DEATH (Month, day, year) .....

9. BIRTHPLACE (Town, county, and state) .....

10. USUAL OCCUPATION .....

11. INDUSTRY OR BUSINESS .....

12. NAME OF FATHER .....

13. BIRTHPLACE OF FATHER .....

14. MAIDEN NAME OF MOTHER .....

15. BIRTHPLACE OF MOTHER .....

16. INFORMANT .....
Address .....

17. (Burial, cremation, or removal. Which?) ..... Date thereof ..... (month) (day) (year)
Cemetery or crematory ..... (state)
Location .....

18. FUNERAL DIRECTOR .....
Address .....

19. (Date signed) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ..... (month) (day) (year)

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from ..... to ..... and that I last saw ..... alive on ..... that death occurred at ..... m. on the date above stated.

IMMEDIATE CAUSE OF DEATH ..... DURATION

Due to ....

Due to ....

Due to ....

Other conditions ....

(Include pregnancy within 3 months of death)

Major findings of operation .....

Autopsy results .....

PHYSICIAN: Please underline the cause (which death should be charged statistically).

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide ..... Date of injury .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, factory, public place (where?) .....

Means of injury .....

23. SIGNATURE ..... M. D. or other

Address ..... Date signed .....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10055

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Raven

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baynesville
STREET ADDRESS (If rural, give location) Loch. Raven - Towson - H - Box 345.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) M. (Last) Shepherd

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1/10/1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -FARMER-

10b. KIND OF BUSINESS OR INDUSTRY: Farm Tenant

11. BIRTHPLACE (State or foreign country): Howard Co - MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ? Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Annie S. Shepherd Loch. Raven Towson H - Box 345

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

163X 472 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Possible Carcinoma (Epithelioma) of Rt. Lung

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1949, to Oct 3, 1950, that I last saw the deceased alive on Oct 3, 1950, and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Laurence C. Tosh M.D. 6805 York Rd Baltimore 12 Md. 10/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/6/50 — NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 10/6/50 — REGISTRAR'S SIGNATURE: A. W. Bedwell — 24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5306 Harford Rd Balto 14 Md.

JTV

Dr. Post
6805 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

10056

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS CODD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; STREET ADDRESS (If rural, give location) 317 E. JOPPA ROAD

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) SIFORD

4. DATE OF DEATH: (Month) OCT. (Day) 6, (Year) 1950 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: FEB. 29, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRACK MAINTAINENCE MAN PER

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SYLVESTER SIFORD

14. MOTHER'S MAIDEN NAME: MARTHA SIFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. M.W. PULLEN, TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 days

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

830 (b) General Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2nd, 1950, to Oct 6th, 1950, that I last saw the deceased alive on Oct. 6th, 1950, and that death occurred at 10 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel H/St. Thos. Jenifer M.D. Towson 4, Md. 10/9/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: OCT. 9, 1950

NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEM

LOCATION (City, town, or county) (State): TOWSON, MD.

DATE REC'D BY LOCAL REG. 10/10/50

REGISTRAR'S SIGNATURE: A W Fedrick

24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

J C L

VS-A15

5824?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10057

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandstown | LENGTH OF STAY (in this place) 2 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2307 N Hammonds Ferry Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Airy
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Martin	Simons.	Oct.	4	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widowed	Jan 28, 1870	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lady mgr.	milling	Germany	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	? ?	Daughter – Mrs Blamberg.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	1 week.
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None	None		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None			m.		None

22. I hereby certify that I attended the deceased from Jan., 19 49., to 4 Oct., 19 50, that I last saw the deceased alive on 1 Oct., 19 50, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Goodman, M.D.		1334 Sulphur Spring Rd.	4 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-7-1950	Locust Grove	Frederick Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT 7 50	[signature]	C. M. Waltz,	Winfield, Md.

4/26/99

RECEIVED
OCT 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10058

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Riverside Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 119 Riverside Rd. (SLIVKA)

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) William (Last) Slifker
4. DATE OF DEATH: (Month) Oct. (Day) 24th (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 10-1880
9. AGE last birthday: 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R. Co.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Slifker (SLIVKA)
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Edward Slifker (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic Cardio-Vascular-Renal disease — Interval Between Onset and Death: 4 yrs.

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1946, to Oct. 24, 1950, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
James F. White M.D. | 422 Eastern Ave, Baltimore 21, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 28-1950 | NAME OF CEMETERY OR CREMATORY: St. Francis Cem. | LOCATION (City, town, or county) (State): Abingdon, Md

DATE RECD BY LOCAL REG. 10/26/50 | REGISTRAR'S SIGNATURE: Ada Hadrick | 24. FUNERAL DIRECTOR: John G. Connelly | ADDRESS: 418 Eastern Ave Balto. 21, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10059

Reg. Dist. No. .....

1. PLACE OF DEATH:
County: Baltimore Co.
City or town: Rogers Forge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, institution, or street address where death occurred:
86 Dunkirk Rd.
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Rogers Forge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 86 Dunkirk Rd. (If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Mollie E. Smiley

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife: .....
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): May 12, 1875

8. AGE: Years	Months	Days	If less than one day
75	5	9	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: School teacher (retired)

11. Industry or business: .....

FATHER
12. Name: William Smiley
13. Birthplace: Massachusetts

MOTHER
14. Maiden name: Ann Phillips
15. Birthplace: Baltimore, Md.

16. Informant: Wm. B. Boone
Address: 86 Dunkirk Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 24, 1950 (month) (day) (year)
Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore, Md.

16. Funeral director: Chas. F. Evans & Son, Inc.
Address: 118 W. Mt. Royal Ave.

19. 10/23/50 (Date rec'd by registrar) A.W. Hadick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 21, 19 50, at 5:45 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Oct. 21, 19 50, to Same, 19 ..... and that I last saw her alive on Oct 21, 19 50.

Immediate cause of death: Coronary Occlusion — DURATION: .....
Due to: Arteriosclerotic C-V Dis — DURATION: .....
Due to: ..... — DURATION: .....
Other conditions: 420.1 — DURATION: .....
93d (Include pregnancy within 3 months of death)

Major findings of operations: .....
Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Chas. F. Carr Jr. M. D. or other
Address: 6007 York Rd. Date signed: 10/23/50

V 3071

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Chas. Carr
6007 York Rd.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10660

FILM No. G 1 29NOV 29 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyneville, Rural — LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyneville, Rural
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) SEWARD — (Middle) — (Last) SMITH

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 9-25-1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Lemson Smith

14. MOTHER'S MAIDEN NAME: Eliza Albaugh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): No

15. SOCIAL SECURITY NO.: ✓

17. INFORMANT AND ADDRESS: Maurice Smith, Greenmount Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 days

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1950, to Oct. 11, 1950, that I last saw the deceased alive on Oct. 10, 1950, and that death occurred at 6:P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Maurice C. Partenheimer, M.D — Hampstead, Md — 10/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10-13-1950 | NAME OF CEMETERY OR CREMATORY: Manchester Cem | LOCATION (City, town, or county) (State): Manchester, Carroll Co Md

DATE REC'D BY LOCAL REG.: 10-12-50 | REGISTRAR'S SIGNATURE: Mary B. Elvia. | 24. FUNERAL DIRECTOR — ADDRESS: Edw S Tipton, Hampstead Md

RECEIVED
OCT 19 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10061

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 426 ST. HELENA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 246 ST. HELENA AVE.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ELIZABETH (Last) SNARE

4. DATE OF DEATH: (Month) OCTOBER (Day) 9 (Year) 1950

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. DOWED

8. DATE OF BIRTH: APR. 2, 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): Carroll County Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN McKINNEY

14. MOTHER'S MAIDEN NAME: ANNIE HINES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: JOHN W. WAGNER — NEPHEW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage.	7 hrs.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, acute.	7 hrs.
93a	(c) Arteriosclerosis	15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Oct 8, 1950, that I last saw the deceased alive on Oct 8, 1950, and that death occurred at 2.20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ward N. Andrew M.D. ADDRESS: 533 Glendale Ave. DATE SIGNED: 10/9/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: OCT. 13, 1950
NAME OF CEMETERY OR ~~CREMATORY~~: HAUGHS CEM
LOCATION (City, town, or county) (State): LADIESBURG, FREDK. CO., Md.

DATE REC'D BY LOCAL REG.: Oct. 11-1950
REGISTRAR'S SIGNATURE: William M. Kirby J.D.

24. FUNERAL DIRECTOR: Walter Brooks Bradley, ADDRESS: Dundalk

RECEIVED

RECEIVED
OCT 13 1950
BUREAU V. E.

Dr. Williams
2515 Taylor

10062

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7811 Tilmont Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 7811 Tilmont Avenue

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) O. (Last) Sparklin

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Feb. 14, 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Office

10b. KIND OF BUSINESS OR INDUSTRY: Atlantic Trams

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-03-2879 A

17. INFORMANT AND ADDRESS: Mrs, Martha Claypoole, 7811 Tilmont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Coronary Thrombosis — "

(c) Generalized Arteriosclerosis — "

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 19 49, to Oct. 18, 1950, that I last saw the deceased alive on Oct. 18, 1950 and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert L. Williams M.D. 2515 Taylor Ave. Balto-Md 10-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10-21-50; NAME OF CEMETERY OR CREMATORY: Baltimore; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10/18/50; REGISTRAR'S SIGNATURE: A. W. Heiner

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

JT

11/6/50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10063

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton. — LENGTH OF STAY (in this place) 7 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. — COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton.
STREET ADDRESS (If rural, give location) 5 mi. W. of Parkton.

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Belle (Last) Still.

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married. — 8. DATE OF BIRTH: Oct. 21, 1918 — 9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife. — 10b. KIND OF BUSINESS OR INDUSTRY: Own home. — 11. BIRTHPLACE (State or foreign country): Baltimore Co., Md. — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Scott Mays. — 14. MOTHER'S MAIDEN NAME: Anna Belle Bruchl.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3 **Immediate cause** (a) Epilepsy

Antecedent cause(s)

85 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Oct. 2, 1950, that I last saw the deceased alive on Oct. 2, 1950, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. W. France M.D. Parkton Md. 10/3/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: October 5, 1950 — NAME OF CEMETERY OR CREMATORY: Fosters Cemetery — LOCATION (City, town, or county) (State): Monkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 10/4/50 — REGISTRAR'S SIGNATURE: Chester L. Euston

24. FUNERAL DIRECTOR — ADDRESS: Jacob Hartenstein, New Freedom, Pa.

VS. A15

RECEIVED
OCT 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10064

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere - | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2626 Brannan Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural give location) 2626 Brannan Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) J. (Last) STOCKMAN
4. DATE OF DEATH (Month) (Day) (Year): Oct. 10, 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 15, 1883
9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): car repairman
10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Stockman
14. MOTHER'S MAIDEN NAME: Mary Bollack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 213-09-2292
17. INFORMANT: 2626 Brannan Ave. Joseph H. Stockman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Accident	30 min.
443X Antecedent cause(s)	(b) Hypertension	5 yrs —
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) A.S.-C.V.-Disease	10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19 46, to Oct 10, 19 50, that I last saw the deceased alive on Oct 10, 19 50, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. K. Davis M.D. | ADDRESS 6800 Monument Road - Dundalk Md | DATE SIGNED 10/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 10/14/50 | NAME OF CEMETERY OR CREMATORY First Evangelical Cem. | LOCATION (City, town, or county) (State) Baltimore Co. MDd.

DATE REC'D BY LOCAL REG. 10-13-50 | REGISTRAR'S SIGNATURE a. w. Bedrick

24. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC. BALTIMORE 13, MD.

VS. A15

496 29

MARYLAND STATE DEPARTMENT OF HEALTH

10065

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner's Station
STREET ADDRESS (If rural, give location) 17 Maryland Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Astor	Ebert	Streeter	Oct. 2 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White		1/5/1885	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Steel	Canada	U.S.A.

13. FATHER'S NAME James E.

14. MOTHER'S MAIDEN NAME Annie Lockhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-10-3160

17. INFORMANT Records Bethelehm Steel Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

9th a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Davis	MD	Dep. Med. Exam.	Dundalk-rr Md	10/2/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/6/1950	Forest Hills	Chattanooga, Tenn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 2-1950	William M. Kelly Jr.	Walter Brooks Bradley	Dundalk, Md.

7-88-29

VS. A15A

RECEIVED
OCT 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10666

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Catonsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 7121 Harford Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) STUMPF (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 6th., (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 9/2/60

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: Portable tools

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Stumpf

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. C. C. Ferrel - Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease Unknown	
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1950, to Oct 6, 1950, that I last saw the deceased alive on Oct 6, 1950, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen Lee Magness MD — ADDRESS: Catonsville 28, Md — DATE SIGNED: 10-8-50

28. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/9/50 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10-8-50 — REGISTRAR'S SIGNATURE: W E Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville, Md.

49630

412

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10068

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 17 Brewer Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) B. JR. (Last) SUIT
4. DATE OF DEATH: (Month) October (Day) 1 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 5-11-20
9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal work
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lloyd B. Suit Sr.
14. MOTHER'S MAIDEN NAME: Carolyn Basil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 219-05-1020
17. INFORMANT AND ADDRESS: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkin's Disease — Duration 1 yr. plus — 1 year

201 X
44b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: 10-1-50
19b. MAJOR FINDINGS OF OPERATION: Hodgkin's Disease
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30-50, 1950, to 10-1, 1950, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE Bernard F. Fetter, M.D. (Degree or title) ADDRESS VAH Ft. Howard, Md DATE SIGNED 10-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-4-50 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetary — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. Oct. 3, 1950 — REGISTRAR'S SIGNATURE Dr. Dewson L. Farber

24. FUNERAL DIRECTOR: B.L. HOPPING & SON — ADDRESS: Annapolis, Md.

49477

RECEIVED
OCT 4 1950
BUREAU V. S

Dr Hollies MD 3308 - W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10067

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A45

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: BALTO- COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural, give location): 114 FOREST DRIVE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) R. (Last) SULLIVAN

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: SEPT-11-1879

9. AGE Last birthday: 71 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IRELAND -

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: PATRICK SULLIVAN

14. MOTHER'S MAIDEN NAME: MARGARET- MORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: REV. JOHN. SULLIVAN 114 FOREST DRIVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease

422.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage

93d (c) Diverticulitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1950, to Oct. 30, 1950 that I last saw the deceased alive on Oct. 29, 1950, and that death occurred at 7 30 p.m., from the causes and on the date stated above.

SIGNATURE: Henry W. Hollies MD (Degree or title) ADDRESS: 3308 W North Ave. DATE SIGNED: 11-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Nov-2-50 NAME OF CEMETERY OR CREMATORY: CATHEDRAL LOCATION (City, town, or county) (State): BALTO- MD

DATE REC'D BY LOCAL REG.: 11-1-50 REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR ADDRESS: GEORGE A. FARLEY - FULTON AVE & FAYETTE ST.

RECEIVED
NOV 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10069

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (in this place): 86 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1005 Darley Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) J. (Last) TAMULONIS

4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-29-26

9. AGE last birthday: 24 yrs. If under 1 year: Months 4 Days 27 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker (Grinder)

10b. KIND OF BUSINESS OR INDUSTRY: Rustless Steel Co

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Tamulonis

14. MOTHER'S MAIDEN NAME: Margaret Byrne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-20-3227

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) SHOCK SECONDARY TO RUPTURE OF ANEURYSM OF CIRCLE OF WILLIS	26 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm of Circle of Willis	Unknown
	(c)	

330X
96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-19-50

19b. MAJOR FINDINGS OF OPERATION: Aneurysm of Circle of Willis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 7-26, 1950, to 10-20, 1950, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 9:06 P. m., from the causes and on the date stated above.

SIGNATURE: Harold Tabel (Degree or title) M.D. ADDRESS: VAH Fort Howard, Md. DATE SIGNED: 10-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-24-50 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Belair Rd., Balto., Md.

DATE REC'D BY LOCAL REG.: 10-23-50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: George J.Ruth Funeral Home 1735 Harford Ave Balto.,Md.

492 29

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10070

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5637 Edmondson Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural give location) 1640 Ellamont St ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Susan (Last) Taylor
4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 19 50
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 6 1872
9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Beard
14. MOTHER'S MAIDEN NAME: Sinevra Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mary B Taylor 1640 Ellamont

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 443 X 93d	(b) Hypertension Cardio vascular	
	(c) disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Geo W. Kiefer M.D. Retired Balto 1010 Ledeum Oct 30 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-31-50 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG. 10/31/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: J Howard Strong | ADDRESS: 320 W North ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10071

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven | LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3606 Patterson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven
STREET ADDRESS (If rural, give location) 3606 Patterson Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) G (Last) Hackston

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Mar. 10th 1891 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker | 10b. KIND OF BUSINESS OR INDUSTRY: Bakery | 11. BIRTHPLACE (State or foreign country): Greenville, Greenville Co. S.C. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Hackston | 14. MOTHER'S MAIDEN NAME: Mrs. Hackston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. | (If yes, give war or dates of service): N.A. | 16. SOCIAL SECURITY NO.: None. | 17. INFORMANT: Mrs. Hermyre Hackston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d	(b) Myocarditis, Endocarditis	yrs.
	(c) Hypertensive Cardio Vasc Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-, 1948, to 10-21 1950, that I last saw the deceased alive on 10-21, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr Shoe Talbert		4505 Liberty Heights Ave	10-22-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	Oct. 23 1950	Loudon Park Crematory	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/23/50	Ida Hedrick	Willis Lamoreaux	4510 Liberty Hts Ave

D35

3 copies

AGE and birthdate: AFFIDAVIT OF INFORMANT filmed G128 11-6-50 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10072

Reg. Diat. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

1. PLACE OF DEATH.
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
House in the Pines, 16 Fusting Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6112 Edmondson Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Susan A. Thayer

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Married

6.(b) Name of husband or wife: Clifford E. Thayer
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): July 13, 1869 1881

8. AGE: Years	Months	Days	If less than one day
81/69	3	10	... hrs. ... min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Joseph Salmon
13. Birthplace

MOTHER
14. Maiden name: Helena C.--------
15. Birthplace

16. Informant: Clifford E. Thayer
Address: 6112 Edmondson Ave.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Oct. 25/50 (month) (day) (year)
Cemetery or crematory: Loudon Park Crematory
Location: 3801 Frederick Rd. Balto. 29, Md.

18. Funeral director: Harry H. Kuitzke
Address: 4101 Edmondson Ave.

19. 10/24 1950 A. W. Hedrick Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 23/50 19... at 6.500 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-8 19 44 to 10-23 1950 and that I last saw h 97 alive on 10-23 1950

Immediate cause of death	DURATION
Congestive Heart failure	3 mo.
Due to Hypertensive Cardio-vascular Renal Disease	6 yr.
Due to	
Other conditions Diabetes Mellitus 442.X	15 yr.

(Include pregnancy within 3 months of death)
61

Major findings of operations: ... Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: William K. Gallagher M.D. M. D. or other
Address: Catonsville 28, Md. Date signed 10-24-50

MARYLAND STATE DEPARTMENT OF HEALTH

10073

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Found in Patapsco River between Ft. Carroll & Sparrows Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 25 E. Pratt St.

3. NAME OF DECEASED (Type or Print): (First) PHILLIP (Middle) — (Last) THOMPSON
4. DATE OF DEATH: (Month) Oct. (Day) 19, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 21, 1905
9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deck Hand-Tug Boat
10b. KIND OF BUSINESS OR INDUSTRY: Amndel Corporation
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Thompson
14. MOTHER'S MAIDEN NAME: Mary Cushing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Maine
S.S. Rich & Son, 11 Mellen St., Portland,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning (found drowned)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

851.8
172

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River (CITY OR TOWN) Found in Patapsco River between Ft. Carroll & Sparrows Point (COUNTY) (STATE)
TIME OF INJURY (Month) Oct. (Day) 14, (Year) 1950 (Hour) abt. 3:30 A m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? Found drowned-fell overboard off tug in dark

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE R. B. Fraher (Degree or title) M.D. ADDRESS 700 Fleet St. Balto. 2, Md. DATE SIGNED Oct. 21, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 10/21/50 | NAME OF CEMETERY OR CREMATORY Forest City | LOCATION (City, town, or county) Portland, Maine (State)

DATE REC'D BY LOCAL REG. Oct. 21, 1950 | REGISTRAR'S SIGNATURE Huntington Williams | 24. FUNERAL DIRECTOR William Cook, Inc. | ADDRESS 1217 St. Paul St.

46049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10074

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale — LENGTH OF STAY (in this place): ------
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8234 Phila. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 8234 Phila. Rd
STREET ADDRESS (If rural give location): Rosedale

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) A. (Last) Uhlhorn

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/7/81

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Uhlhorn

14. MOTHER'S MAIDEN NAME: Sallie Deblin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No ---- (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Catherine Moran 8234 Phila. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X **Immediate cause** (a) Carcinoma of Stomach — 1 yr.

46 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) / INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Oct 12, 1950, that I last saw the deceased alive on Oct 12, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Geo M. Baumgardner M.D. | Balto 6 Md | 10-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10-16-50 | NAME OF CEMETERY OR CREMATORY: Baltimore | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 10-14-50 | REGISTRAR'S SIGNATURE: R W

24. FUNERAL DIRECTOR: John A. Moran | ADDRESS: 3000 E. Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10075

38

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place): 8 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 406 ROGERS FORGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural, give location): 406 ROGERS FORGE ROAD

3. NAME OF DECEASED (Type or Print): (First) JEROME (Middle) FREDERICK (Last) WAESCHE

4. DATE OF DEATH: (Month) OCT. (Day) 11, (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 23, 1866

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DENTIST - RET.

10b. KIND OF BUSINESS OR INDUSTRY: PRACTISING DENTIST

11. BIRTHPLACE (State or foreign country): LEESBURG, VIRGINIA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN FREDERICK WAESCHE

14. MOTHER'S MAIDEN NAME: MARGARET E. BELT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: DR. FRED S. WAESCHE, TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	4 days
Antecedent cause(s)		
331X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Cerebral arteriosclerosis	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from OCT., 19 47, to OCT., 19 50 that I last saw the deceased alive on Oct 18, 19 50 and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell MD ADDRESS: 7501 York Rd DATE SIGNED: 10/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: Oct. 21, 1950 | NAME OF CEMETERY OR CREMATORY: DRUID RIDGE CEMETERY | LOCATION (City, town, or county) (State): PIKESVILLE, BALTO. CO. MD.

DATE REC'D BY LOCAL REG.: 10/20/50

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

JT V

V 1292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10076

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 7536 Boyle

3. NAME OF DECEASED (Type or Print): (First) Isabel (Middle) (Last) Ware

4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: April 14 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: William B Romans

14. MOTHER'S MAIDEN NAME: Betty Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Anna Mead 3431 Dupont ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval between onset and death: 6 mo.

151X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46.8

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to Oct. 22, 1950, that I last saw the deceased alive on 10-22, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Ballard 707 Fontaine Balto. 30, Md. 10-23-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 26/1950 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 10/24/50 — REGISTRAR'S SIGNATURE A.W. Redmond — 24. FUNERAL DIRECTOR — ADDRESS H. Edward Evans 400 S. Charles St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10077

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebbville
STREET ADDRESS (If rural, give location) Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Hattie Lillian (Middle) Watts (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 10th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 31st 1898

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lee Zimmerman

14. MOTHER'S MAIDEN NAME: Harriett Meekins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wm. T. Watts Hebbville, Balto Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Breast - Brain 6 months

(c) Tumor of Brain

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1950

19b. MAJOR FINDINGS OF OPERATION: Cancer of Breast - Metastasis to Brain

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Sept 11, 1950, that I last saw the deceased alive on Sept 11, 1950, and that death occurred at 3.30 P. m., from the causes and on the date stated above.

SIGNATURE A. C. Smith (Degree or title) ADDRESS 4509 Liberty Hgts, Balto Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Oct. 15 1950

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

LOCATION (City, town, or county) (State): Randallstown Balto Co Md.

DATE RECD BY LOCAL REG. 10/12/50

REGISTRAR'S SIGNATURE H. W. Hedrick

14. FUNERAL DIRECTOR: Miller Lamoreau

ADDRESS 4510 Liberty Hghts Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10078

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seminary Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Seminary Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HENRY (Last) WEBB

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 6, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr Kenan

14. MOTHER'S MAIDEN NAME: Mrs Kenan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Marie Ayers Nebt - Seminary Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anemia. — Interval between onset and death: 2 days

443x Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac Decompensation. — 6 mos

(c) Hypertension — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17, 1950, to 10/23, 1950, that I last saw the deceased alive on 10/27, 1950, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE Bunnett A Stam (Degree or title) M.D. ADDRESS Lutherville DATE SIGNED 10/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE 10/26/1950 NAME OF CEMETERY OR CREMATORY Pleasant Rest LOCATION (City, town, or county) Towson, Md. (State)

DATE REC'D BY LOCAL REG. 10/26/50 REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Hartland Funeral Home ADDRESS 1631 Druid Hill Ave.

VS. A15

86600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10079

38

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2330 E. Oliver St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) M. (Last) Werner

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 10, 1917

9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Walker

14. MOTHER'S MAIDEN NAME: Mary Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Personal History - Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1950 to Oct. 14th 1950, that I last saw the deceased alive on Oct. 14th, 1950, and that death occurred at 5 50 P. m., from the causes and on the date stated above.

SIGNATURE: William A Bridges (Degree or title) M.D. ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

DATE SIGNED: 10-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-18-1950

NAME OF CEMETERY OR CREMATORY: Baltimore Mem. Northwe.

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 10-17-50

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John C. Miller Inc.

ADDRESS: 2430 E. Oliver St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10080

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 19 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1320 Hillman Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) R. (Last) WEST

4. DATE OF DEATH: (Month) October (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-23-1893

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Bank.

11. BIRTHPLACE (State or foreign country): Danville, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira P. West

14. MOTHER'S MAIDEN NAME: Fannie Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.R.C.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355X Immediate cause (a) Cerebral Atrophy — Interval Between Onset and Death: Unknown

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema — Unknown; Coronary Arteriosclerosis — Unknown; ~~Hookelus Bicuspidiculum~~ Congenital

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 9-16-, 19 50, to 10-5-, 19 50, that I last saw the deceased alive on ~~[illegible]~~ 19 ~~[illegible]~~, and that death occurred at 7:35 A. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED

IRVING FREEMAN, M.D. Act.Chief Med.Service VAH, Ft. Howard, Md. 10-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF Oct. 7, 1950 — NAME OF CEMETERY OR CREMATORY Mt Hope — LOCATION (City, town, or county) (State) Lynchburg, Va.

DATE REC'D BY LOCAL REG. Oct 5. 50 — REGISTRAR'S SIGNATURE Dawson L. Harvey

24. FUNERAL DIRECTOR ADDRESS Whittens Funeral Home Inc, Lynchburg, Va.

21079

VS. A15.

RECEIVED
OCT 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10081

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 I. St. -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) 618 I St.

3. NAME OF DECEASED (Type or Print): (First) OLIVIA (Middle) (Last) White
4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	W	Feb. 28-1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	at home	Mackenburg Co. Va	

13. FATHER'S NAME Wm Edmonds
14. MOTHER'S MAIDEN NAME Elvira

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Beatrice White Lashley - 613 I St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Myocarditis, Chronic -	7 yrs -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M D Davis MD	Dept. Med. Examiner	Dundalk Va Md	10/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	
B.	10-21-50	Mt. Calvary	A. A. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/18/50	O. W. Bruce	Samuel W. Sullivan Jr.	Balto Md

JST

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

10082

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 103 N. Randolph Rd.

3. NAME OF DECEASED (Type or Print): (First) Owen (Gwen) (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: Feb. 9, 1869 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Goverment Retired | 10b. KIND OF BUSINESS OR INDUSTRY: Indian office | 11. BIRTHPLACE (State or foreign country): Unknoown. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Owen Williams

14. MOTHER'S MAIDEN NAME: Gwendolyn Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: William B. Gilpin Jr, 103 Randolph Rd. Middle River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular accident — Interval between onset and death: 10 days

422.1 Antecedent cause(s) (b) Arterio-Sclerotic Cardio-Vascular disease — 2 yrs

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1950 to Oct 19, 1950, that I last saw the deceased alive on Oct 19, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. M. Baumgardner MD | Balto 6 Md | Oct 19-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE: October 19, 50 | NAME OF CEMETERY OR CREMATORY: Cedar Hill FORT LINCOLN Crematory | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 10/19/50 | REGISTRAR'S SIGNATURE: A. W. Holmes | 24. FUNERAL DIRECTOR | ADDRESS: W. S. Frank Hines 2901 14th ST N.W. WASH. D.C.

JST

49697

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10083

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 628 W. Franklin Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	M.	WILLIAMS	October 17 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	6-17-1900	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Steel Plant	Burdville, N. C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marshall Williams	Ellen Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II	217-01-2945	Clin.Rec.,Vet.,Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) EXTENSION OF BRAIN TUMOR (EPENDYMOMA, RIGHT PARIETAL REGION) — Approximately 4½ months

1937 / 54a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I VA attended the deceased from Oct. 7, 1950, to Oct. 17, 1950 XXXXXXXXXXXXXXXXXX that I last saw the deceased

XXXXXXXXXXXXXXXXXX and that death occurred at 2:45 A. m., from the causes and on the date stated above.

SIGNATURE Paul Padget M.D. (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., Chief, Medical Service, VAH, Fort Howard, Maryland 10-17-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/19/50	A. W. Hedrick	Mrs. Katie Williams	322 N. Schroeder St. Baltimore, Maryland

VT

10029

Dr. Brennan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10084

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3035 Linwood Avenue	STREET ADDRESS (If rural, give location) 3035 Linwood Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nellie	A.	Williams	October 9 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	married	JAN. 31-1894	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. J, Kane	Freida Hoblitzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	215-07-0062	Mr. Wm. A. Williams, 3035 Linwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332X Immediate cause	(a) Cerebral Thrombi	6 Months
83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	5-6 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Advanced pyorrhea.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 11, 1950, to Oct 8, 1950, that I last saw the deceased alive on Oct 8, 1950, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Brennan		5217 Harford Rd. Balto 14 Md	10-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-11-50	Moreland Mem. Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/9/50	A.W. Hodnick Dep	Leonard J. Ruck, 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10085

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton | LENGTH OF STAY (in this place) 5 mos.- | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Baltimore.- | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary | (Middle) Belle | (Last) Wilson.-

4. DATE OF DEATH: (Month) October (Day) 17, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.

8. DATE OF BIRTH: June 13, 1870

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home.

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.-

13. FATHER'S NAME: John Bosley

14. MOTHER'S MAIDEN NAME: Mary Talbott.-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Crayton Tracey-Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the rectum

154X Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 .., to Oct. 17 19 50, that I last saw the deceased alive on Oct. 17, 19 50, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

C. M. France | M.D. | Parkton Md | 10/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE October 20 1950 | NAME OF CEMETERY OR CREMATORY Pine Grove E.U.B. | LOCATION (City, town, or county) Parkton, Md. R.D. | (State)

DATE REC'D BY LOCAL REG. Oct 19 1950 | REGISTRAR'S SIGNATURE Ephesian L. Preston

24. FUNERAL DIRECTOR | ADDRESS J. Jacob Harlenstein, New Freedom, Pa.

RECEIVED
OCT 26 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

10086

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tyocho Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location) Tyocho Rd

3. NAME OF DECEASED (Type or Print): (First) LARRY (Middle) Tyocho Rd. GENE (Last) WIRTZ

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1950

5. SEX male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Oct 8 '50. | 9. AGE last birthday yrs. 3 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none. | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Balto. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lawrence E. Wirtz | 14. MOTHER'S MAIDEN NAME Marguerite Norris.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no. | 16. SOCIAL SECURITY NO. none. | 17. INFORMANT Larry Gene Wirtz, Sparks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2731 **Immediate cause** (a) Enlarged Thymus — Interval Between Onset and Death: 3 da.

64 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION none. | 19b. MAJOR FINDINGS OF OPERATION none. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. no. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none. | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none. m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Eagles | (Degree or title) Dep. Md Exam. M. D. | ADDRESS Reisterstown, Md. | DATE SIGNED 10-11-'50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct 12'50. | NAME OF CEMETERY OR CREMATORY Jessops | LOCATION (City, town, or county) (State) Sparks, Md

DATE REC'D BY LOCAL REG. 10-12-50 | REGISTRAR'S SIGNATURE Mary B. Ehline. | 24. FUNERAL DIRECTOR Landon M. Brooks | ADDRESS Sparks, Md.

1-0-0-08-0-18-2-40-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10087

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 2 yr 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3261 N. Eutaw St

3. NAME OF DECEASED (Type or Print): (First) SUE (Middle) SUE (Last) YOU

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Y

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 6 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter in Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Canton city China

12. CITIZEN OF WHAT COUNTRY? China

13. FATHER'S NAME: Sue Yee Soe

14. MOTHER'S MAIDEN NAME: Yung Shee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis (miliary) — Interval Between Onset and Death: 7 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002K 13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1947, to Oct 15, 1950, that I last saw the deceased alive on Oct 14, 1950, and that death occurred at 2.40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William A Bridges M.D., Eudowood Sanatorium, Towson 4, Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct-17-1950

NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG.: 10/16/50

REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Stewart & Mowen Co. 108 W. North Ave. City #1. 28071

VS T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10088

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE MD; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE BALTO N.Y. COUNTY Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE MD Watertown; STREET ADDRESS (If rural, give location) CAMPFIELD ROAD

3. NAME OF DECEASED (Type or Print): (First) CLARA. (Middle) A. (Last) ZERBIE

4. DATE OF DEATH: (Month) OCT. (Day) 31 28 (Year) 1950

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: MARCH-18-1859

9. AGE last birthday: 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: WILHELM KIRKHAM.

14. MOTHER'S MAIDEN NAME: NOT KNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: AUGSBURG HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho - pneumonia	5 days.
420,0 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - Sclerotic Heart Disease	15 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Oct - 31, 1950, that I last saw the deceased alive on Oct - 28, 1950, and that death occurred at ....m., from the causes and on the date stated above. 11/1/50

SIGNATURE: Earl L. Chambers, (Degree or title) Dr. D. ADDRESS 4108 Liberty Hts. Baltimore-7- Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: NOV 3-1950 | NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM | LOCATION (City, town, or county) (State): BALTO MD.

DATE REC'D BY LOCAL REG.: 11/1/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm. Chas A. S. Rohde ADDRESS 2327 Edmondson Ave

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Information re Former Residence obtained by phone from the Augsburg Home.
1/26/51 ams